



This class will be taught based on ability. If you are a beginner stunt group, you will learn the correct form and technique that is needed to be a safe, strong stunt group. If you are a more advanced stunt group you will learn more difficult, new and creative stunts. Each stunt group consists of 5 girls. You are responsible for putting together your own stunt group. (1 flyer, 2 bases, 1 back spot and 1 front spot)
 INSTRUCTOR: COACH ELAINE MCGURK

CLASS DAYS: TUESDAY, WEDNESDAY & THURSDAY

SESSION 1: MAY 2,3,4,9,10,11
 SESSION 2: MAY 16,17,18,23,24,25
 SESSION 3: JULY 11,12,13,18,19,20
 SESSION 4: JULY 25,26,27, AUG 1,2,3
****ADDITIONAL SESSION** JUNE 6,7,8,1,3,14,15**

CLINIC TIMES:

3:30-4:30 (May/June)
 9:30-10:30/10:15-11:15/11:00-12:00 (July/Aug)

CLINIC LOCATION:

Martha Brown

EACH SESSION IS 6 CLASSES. THE COST FOR YOUR 1ST SESSION = \$100.00.

EACH ADDITIONAL SESSION IS **\$60.00.**

ALL 5 INDIVIDUALS MUST FILL OUT A REGISTRATION FORM. AFTER RECEIVING ALL 5 REGISTRATION FORMS, YOU WILL RECEIVE CONFIRMATION OF ENROLLMENT. PLEASE SEND PAYMENT WITH REGISTRATION.

CHECKS MADE PAYABLE TO: Elaine McGurk
PLEASE MAIL REGISTRATION FORMS TO:

Elaine McGurk
46 Waterford Way
Fairport, NY 14450

IF YOU HAVE A STUNT GROUP THAT WANTS TO STUNT BUT DOES NOT GET INTO ONE OF THE SESSIONS OR CAN NOT MAKE THE TIMES AVAILBALE CALL AND I WILL TRY TO WORK OUT ANOTHER TIME. PLEASE EMAIL OR CALL WITH ANY QUESTIONS.
 echeerfhs@yahoo.com/
 703-3234



REGISTRATION FORM

NAME _____ PHONE _____ EMAIL _____

INSURANCE CARRIER _____ POLICY NUMBER _____ AGE _____

EMERGENCY CONTACT _____ PHONE _____

PLEASE CHOOSE THE SESSION(S) YOU WISH TO ATTEND:

SESSION 1: MAY 2,3,4,9,10,11	3:30-4:30
SESSION 2: MAY 16,17,18,23,24,25	3:30-4:30
NEW DATES JUNE 6,7,8,13,14,15	3:30-4:30
SESSION 3: JULY 11,12,13,18,19,20	(CIRCLE ONE) 9:30-10:30 10:15-11:15 11:00-12:00
SESSION 4: JULY 25,26,27 AUG 1,2,3	(CIRCLE ONE) 9:30-10:30 10:15-11:15 11:00-12:00
TOTAL SESSIONS	TOTAL COST

List the 4 OTHER people in your stunt group:

1 _____ 2 _____

3 _____ 4 _____

I understand if the instructor cancels a class there will be a make-up class offered. If the stunt group cannot come during the scheduled time, there will be no make up class offered. I also understand that stunting is a physical activity and there is a possibility that injury may occur. I will not hold the instructor/school/assistants responsible for injuries that may occur during the clinic.

PARENT SIGNATURE _____

PARTICIPANT SIGNATURE _____