

HEART THROBBERS WORKSHOP

Saturday, January 14, 2012

Sanctioned by USA Jump Rope

Guest instructors from Texas, Louisiana, Ohio, Michigan and Washington.



***Where:** Chapel Hill High School
13172 CR St. Hwy. 64E
Tyler, Texas 75707

Please note new location.

Registration Fee: Before January 6th (Includes lunch) \$20
After January 6th (Includes lunch) \$25

T-shirts: Pre-paid with registration \$12
After January 6th \$15

Schedule: 9:00 AM-10:00 AM Registration and Check-in
10:00 AM -2:30 PM Instruction
2:30 PM- 3:00 PM Contests
3:00 PM- 3:30 PM Show Time

****Judge's Certification Clinics available in Level 1 and Level 2 for those interested in judging Regional or National competitions. There will be a \$5 fee.**

*A basket raffle will be going on during the workshop.

Concession Stand Available

Workshop Store:

Ropes, T-shirts and various jump rope items sold.

For additional information, contact Tracy Berg or Pam Hassell:

(903) 571-8774 (903) 534-9709

heartthrobbersjr@gmail.com rdpa@suddenlink.net

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If you are coming with your team, please return this form with payment to your coach. If you are not coming with a team, you may mail this form with a check or money order to:

Heart Throbbers
2332 Woodhaven
Tyler, Texas 75701

*Make checks payable to **Heart Throbbers, Inc.***

Jumper's Name _____
Team or School Name _____

	Fees Enclosed:
Early Bird Registration (before 1/6/12)	\$20 _____
Registration After 1/6/12	\$25 _____
Pre-paid T-shirt	\$12 _____
Circle Size YM YL AS AM AL XL XXL	
T-shirt after January 6 th	\$15 _____
Judge's Training	\$ 5 _____
Total	_____

PARTICIPANT RELEASE AND INDEMNITY AGREEMENT

(Participant, or parent or guardian if under 18 MUST sign.)

I hereby request that you accept the application for registration in the Heart Throbbers Workshop of _____. In consideration of your acceptance of this application, I hereby release the Heart Throbbers Jump Rope Team, Heart Throbbers, Inc. USA Jump Rope, Chapel Hill Independent School District, and all persons associated with the Heart Throbbers Workshop, of and from all claims or causes of action arising from injury as the result of negligence or of some other cause. If medical attention is required for injury or illness while at the workshop, I give my permission for such medical care and I will be financially responsible.

Signature: _____ Date: _____

Parent coming to Judge's Certification?

Name _____ Level 1 2

A lunch will be included. Lunch Yes No

**There are also restaurants nearby.*