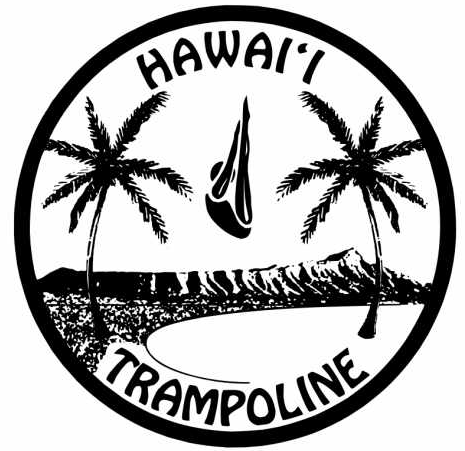
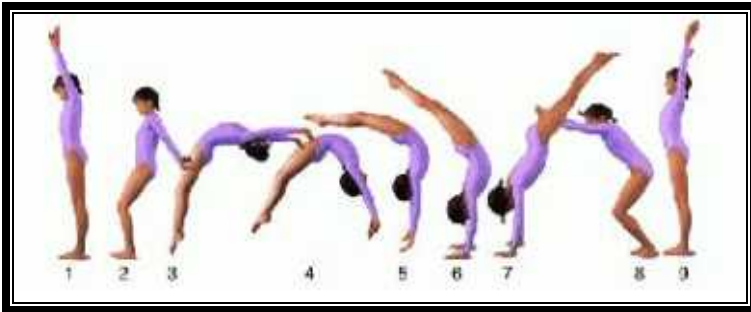


Hawaii Academy's December HANDSPRING Clinics



Friday 19 Dec: 5-7p & 7-9p
 Saturday 27 Dec: 10a-12p,
 12-2p, 2-4p
 Monday 29 Dec: 5-7p & 7-9p

\$25 / session



Work on front/back handsprings and whips on the best tumbling surfaces in the Pacific: 50' tumble tramp, 40' tumbling tramp, 110' power tumbling competition rod floor, 60' rod/ski floor, Palmer spring floor with 4" ethafoam, overhead spotting rigs, floor bungee systems, and 15 trampolines. **CLINICIANS:** Coaches Mia-Nani-Kira Ver-cruyssen, Dr Donna Mah, Dr Max Ver-cruyssen, HA tumbling coaches (including 3x MAG Olympian Makoto Sakamoto), and guest coaches.

----- Handspring Registration Form -----

| | | | | |
|---------------------|---|---|---|---------------------|
| Event Dates: | Friday, December 19 Session I, 5-7p Session II, 7-9p | Saturday, December 27 Session III, 10-12p Session IV, 12-2p Session V, 2-4p | Monday, December 29 Session VI, 5-7p Session VII, 7-9p | \$25/session |
|---------------------|---|---|---|---------------------|

Total

Attendee's Name: _____ School: _____

Address: _____ Age: _____ Sex: M or F

City: _____ State: _____ Zip: _____ Country: _____

Email: _____ How did you find us? _____

Phones: _____ (Include payment with this form; mail or put in payment box)

Session: I, II, III, IV, V, VI, VII (circle one) Preferred Hospital: _____

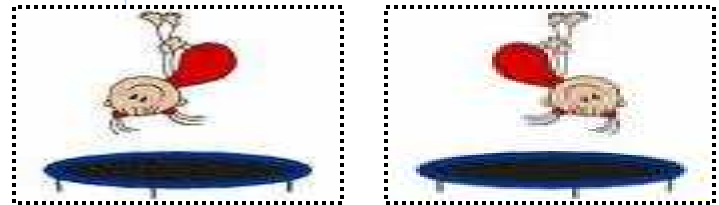
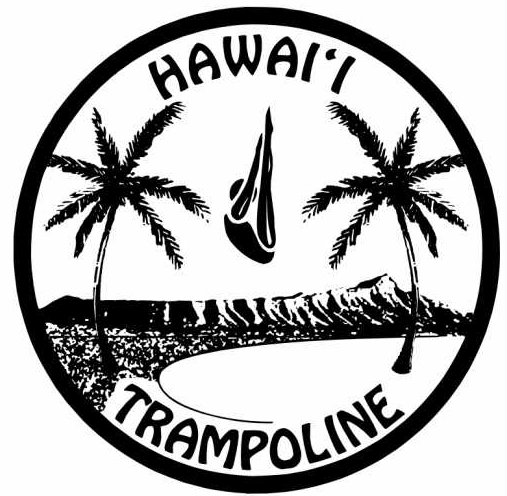
Emergency Contact: _____ Physician: _____

For Participants Under 18 Years of Age:

I hereby give permission for my child to participate in this event and have read and signed the HA permission-release-information form (members have already signed this form; non-members MUST complete this form). IMPORTANT: HA's permission-release form gives instructions for actions to be taken in the event of an emergency and permission to treat if medical attention is needed and the parents cannot be notified.

Parent/Guardian Signature _____ Date: _____

Hawaii Academy's December FLIPS Clinics



\$25 / session

FRIDAY 26 Dec: 5-7p & 7-9p

SUNDAY 28 Dec: 10a-12p,
12-2p, 2-4p

TUESDAY 30 Dec: 5-7p & 7-9p

Work on front/back single to twisting multiple somersaults in the best rebound training facility in the Pacific:

15 trampolines (including 4 Olympics certified EuroTramps, Hawaii's super tramp, with string and web beds), 5 bungee systems, 6 overhead spotting rigs (2 traveling), 3 double mini-tramps, and tumbling surfaces.

CLINICIANS: Coaches Nani-Kira-Mia Vercreuyssen, Dr Donna Mah, Dr Max Vercreuyssen, HA trampoline coaches (including 3x MAG Olympian Makoto Sakamoto), and guest coaches.

Flips Registration Form

| | | | | |
|--------------|--|--|---|---------------------|
| Event Dates: | Friday, December 26 Session I, 5-7p Session II, 7-9p | Sunday, December 28 Session III, 10-12p Session IV, 12-2p Session V, 2-4p | Tuesday, December 30 Session VI, 5-7p Session VII, 7-9p | \$25/session |
| | | | | Total |

Attendee's Name: _____ School: _____

Address: _____ Age: _____ Sex: M or F

City: _____ State: _____ Zip: _____ Country: _____

Email: _____ How did you find us? _____

Phones: _____ (Include payment with this form; mail or put in payment box)

Session: I, II, III, IV, V, VI, VII (circle one) Preferred Hospital: _____

Emergency Contact: _____ Physician: _____

For Participants Under 18 Years of Age:

I hereby give permission for my child to participate in this event and have read and signed the HA permission-release-information form (members have already signed this form; non-members MUST complete this form). IMPORTANT: HA's permission-release form gives instructions for actions to be taken in the event of an emergency and permission to treat if medical attention is needed and the parents cannot be notified.

Parent/Guardian Signature _____

Date: _____