

**KC EVENTS and CONSULTING INC.  
CLINIC AND EVALUATIONS**



*Sanctioned by the U.S. Twirling Association*

Karen Cammer, Event Director    KJCammer55@gmail.com    631-513-0039

**October 25<sup>th</sup>, 2025 Deadline Monday October 20th**

Ascension Lutheran Church, 33 Bay Shore RD, Deer Park, NY 11729

Each time slot will include a 2-hour each clinic: **1-hour of Compulsories** and **1-hour of Movement Technique** instruction. The first 2 hours of instruction will be followed by **(2) evaluations** per attendee. **REMEMBER** to have your "Athlete Record Book" with you. Spots are limited. We will register only 10 athletes per level. First Come-First Served. Register early!

<b>1. C &amp; A Levels</b>	<b>8:30am</b>	-	<b>11:30am</b>	<b>Fee- C \$50</b>	<b>Fee- A \$60</b>
<b>2. B &amp; AA Levels</b>	<b>11:45am</b>	-	<b>2:45pm</b>	<b>Fee- B \$50</b>	<b>Fee- AA \$60</b>
<b>3. BI &amp; AAA Levels</b>	<b>3:00pm</b>	-	<b>6:00pm</b>	<b>Fee- BI \$50</b>	<b>Fee- AAA \$60</b>
<b>4. BII &amp; Elite Levels</b>	<b>6:15pm</b>	-	<b>9:15pm</b>	<b>Fee- BII \$50</b>	<b>Fee- Elite \$60</b>

**Athlete Full Name**

Current USTA #

**Intro Membership \$7 Included with entry**

**Parent's Name**

**Parent Cell #**

**Parent's email address**

**Street Address**

**City**

**State**

**Zip Code**

**Coach's Name**

*(Circle the session you will attend)*

<b>Session 1.</b>	<b>Level C \$50</b>	<b>Level A \$60</b>
<b>Session 2.</b>	<b>Level B \$50</b>	<b>Level AA \$60</b>
<b>Session 3.</b>	<b>Level BI \$50</b>	<b>Level AAA \$60</b>
<b>Session 4.</b>	<b>Level BII \$50</b>	<b>Level Elite \$60</b>

**Session Fee**

\$

**Facility Fee**

**Intro Membership Fee IF Applicable**

\$ 7.00

**USTA Surcharge**

\$ .50

**TOTAL ENCLOSED**

\$

**Waiver/Indemnity of Liability:** I agree to assume the risk of any injury that might happen to my child as a result of participation in this USTA sanctioned event. I further agree to indemnify and hold harmless the USTA, KC Events and Consulting Inc., The Ascension Lutheran Church and their agents or employees from any loss they may sustain as a result of injury to my child as a result of participation at this USTA sanctioned event. I have read, agreed to and accept the "Parents/Legal Guardians Responsibility" section in the current USTA Information, Procedures and Rules manual. As a condition for USTA's acceptance of my(or my child's) entry in a USTA event, I agree to abide by and perform each of the duties set forth in that section. By participating in a USTA sanctioned event, I give USTA permission to use photos and videos of myself (or my children) taken in conjunction with a event.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail payment Payable to KC Events and Consulting Inc.  
47 Kilburn Ave., Huntington Station, NY 11746**