

## Highland Acrofest 2024

Greetings to all Acroport Enthusiasts,

Highland Academy is hosting a gymnastics clinic January 25-27 featuring Southern Adventist University Gym-Masters as clinicians. There will be learning stations that focus on acroports, tossing, pyramids, tumbling, three-highs, and other activities to build your skills. On Saturday night there will be a program that will give all a chance to perform, with the Gym-Masters as the main feature.

Registration will begin on Thursday at 6:45pm-7:30pm in the gym lobby. The first section of the clinic will run from 7:45pm - 9:50pm. Friday will be a full day of learning, ending with vespers. Sabbath will be a fun day with our own Sabbath School and church service, and finish with the Acrofest show will end the clinic that evening.

The registration cost for the event is \$60, which will cover housing, six meals, and a T-shirt. Each group is responsible for providing its own sponsors (preferably one of each gender for mixed-gender groups); two sponsors per group will be admitted for free. To help streamline the registration process, we encourage everyone to pre-register by calling Highland Academy (615-325-2036) or by emailing Coach Rogers (srogers@highland-academy.com) with the number of students and sponsors by Jan 15. Please bring your money and paperwork to registration Jan. 25 at 6:45pm. **ALL STUDENTS MUST HAVE A PARENT/GUARDIAN SIGN THE REGISTRATION/CONSENT FORM IN ORDER TO PARTICIPATE. ATTACHED IS A COPY OF THE REGISTRATION/CONSENT FORMS. PLEASE PRINT AS MANY COPIES AS NECESSARY FOR EACH PARTICIPANT.**

Whether a beginner or a seasoned gymnast, this will be an event that you will not want to miss; we invite all who are interested in learning! **PLEASE NOTE: EVENT PARTICIPANTS MUST BE GRADES 5 AND ABOVE.**

If you have any questions please feel free to contact me. We are looking forward to seeing you here!

Sincerely yours,

Steve Rogers  
Highland Academy Gymnix

# Acrofest 2024 “Seek It”

Dear coaches, teachers, and sponsors,

We are a short time away from Highland’s Acrofest 2024. I have included the registration/consent forms for you to make copies of and hand out to every participant. Please have one completed for every student participant and bring them to registration on Thursday, January 25 along with your payment.

Below are deadlines that will help us have everything ready for your arrival on our campus.

## January 11

Email ([srogers@highland-academy.com](mailto:srogers@highland-academy.com)) or call-in (615-325-2036) the approximate number of T-shirts and sizes.

YS	AS
YM	AM
YL	AL
YXL	AXL

## January 15

Email ([srogers@highland-academy.com](mailto:srogers@highland-academy.com)) or call-in (615-325-2036) the number of participants and sponsors.

Male Participants:  
Female Participants:  
Sponsors:

## January 25

6:45 - 7:30 pm Payment and consent forms due at registration.

7:45 - 9:50 pm First clinic rotations.

Please feel free to call or email with any questions. If any in your group have food allergies or dietary needs/restrictions, please let us know so that we can work to accommodate you. We look forward to seeing you all at this year’s Acrofest clinic!

See you soon,

Steve Rogers  
Highland Academy Gymnix

Highland Academy  
211 Highland Circle Dr  
Portland, TN 37148

615-325-2038

# Highland Academy Acrofest 2024

## Registration and Consent Form

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Name (Full Name)

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Date

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Age

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Grade

☐ Male

☐ Female

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Emergency Phone#

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Home Address

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Home City

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State

---

Zip

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School or Church you Attend

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Sponsor's Name

### CONSENT AND ASSUMPTION OF RISK

I am fully informed of the "normal" inherent risk associated with gymnastics, and it is my desire to participate in the gymnastics Acrofest at Highland Academy. As and for consideration to participate in this activity, I hereby knowingly and intelligently assume the risks of harm and/or property that are associated with or arising out of this activity.

I am fully aware that:

1. Gymnastics, with maneuvers involving the body motion. Rotation and height create an increased risk for severe head, neck or spinal injuries.
2. The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe.
3. These risks and dangers may be caused by my negligence or the negligence of others.
4. There may be other risks not known or reasonably foreseeable at this time.

I am to inspect the facilities and equipment to be used, and to immediately advise the instructor if I believe anything is unsafe, and to refuse to participate when such unsafe conditions are believed.

I PROMISE TO ABIDE BY THE GYMNASTICS SAFETY GUIDELINES THAT ARE DESIGNED FOR MY PROTECTION.

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Participants Signature

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Date

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Parent/Legal Guardian Signature

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Date

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Print Full Parent/Guardian's Name

This form may be duplicated. It is important that all gymnasts (parents or guardians where applicable) sign this agreement.