



**Larose-9-3**  
**\$175**

## **3 DAY BOOT CAMP**

**Aug. 5-7, 2013**

**Workout Co. 11-3**

**\$150**

**Thibodaux 11-3**

**\$150**

**Show Off at 2:30pm**

**985-693-7109 [www.alstarzacademy.com](http://www.alstarzacademy.com)**

*Athlete Name:* \_\_\_\_\_ *Age:* \_\_\_\_\_

*Mailing Address:* \_\_\_\_\_

*Parents Name:* \_\_\_\_\_ *Cell #* \_\_\_\_\_

*E-mail Address:* \_\_\_\_\_

### **WAIVER**

I, \_\_\_\_\_, give my child, \_\_\_\_\_, permission to participate in ALSTARZ Cheerleading Academy's Sprit Day Cheer Camp. I understand that cheerleading involves intense physical activity and the chance of injury does exist. My child is in good health & capable of participating in this type of activity. I release and agree to hold harmless the ALSTARZ Cheerleading Academy and it's staff from any liability whatsoever. In case of emergency, I give ALSTARZ and its staff permission to call for medical attention.



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