



SPIRIT DAY CHEER CAMP

Sat. Aug. 3, 2013 12-3pm

Show Off at 3pm

985-693-7109 www.alstarzacadmy.com

\$25

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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