



UNM Stunt Camp '08

July 15, 2008

Session 1 - 8:00 am - 12:00 pm

Session 2 - 1:00 pm - 5:00 pm

Camp provides each individual Coach and Cheerleader (ages 5 - 13) proper technique and progression in order to keep up with changes and safety in stunting. Stunting is an intricate part of modern cheerleading and can be safe and fun when proper technique is a part of training. In addition participants will learn proper stretch/warm-up, while promoting leadership, teamwork and discipline to help develop confidence, self-esteem, and coordination.

Register Now and Save!

**Register for camp by July 1st and pay \$25.00* per student, per session.
Door Registrations and those received after July 1st pay \$30.00* per student.**

Check-in: Session 1: 7:30 am, Session 2: 12:30 pm
University Arena: "The Pit" Enter through outside ramp located at the east corner on the south side of building.
Clothing: T-shirt, stretch shorts, athletic shoes w/support
Bring a bottle of water for breaks, sack lunch and money for snacks.
Snacks and merchandise will be available for purchase

Send full payment along with both completed registration and "Participant Release of Liability" forms to:
Sprit Group Camp '08
c/o Youth Sports Systems, Inc
PO Box 13775
Albuquerque, NM 87192-3775

*Accepted payment methods are Money order, Cashiers check, Visa or Master Card.

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(check one) **Session 1** _____ **Session 2** _____

Student Name _____ Date of Birth _____ Age _____ Grade _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ E-mail address _____

Home phone# _____ Cell# _____ Work# _____

Emergency contact (other than parent/guardian) _____

Phone# _____ Work#/Cell# _____ Relationship to student _____

Physician's Name _____ Phone# _____

Insurance Company _____ Policy# _____

Parent Release: I agree not to hold liable UNM, YSS, its staff or officials for personal injury, property damage or loss that may result from my registered student's participation in UNM Stunt Camp '08 activities. This includes heirs who may not act on my behalf. I also authorize the above named person to authorize emergency medical care for above listed student, deemed necessary by a physician. I agree to pay a \$40.00 service fee for any form of payment returned to YSS by my bank. I have read and understand the above information and agree to abide fully by its terms.

Credit Card Payments: Visa or MC# _____ Exp. _____ 3 digit security code _____

Name :(as it appears on card) _____ Credit Card Billing address & zip code: _____

Parent/guardian signature _____ **Date** _____

*Registration fees are non-refundable. Questions? Call 293-0323

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