



UNM Spirit Camp '08

July 24th - 25th

9:00 am - 5:00 pm

Cheerleaders and Dancer

Camp provides each individual (ages 5 -13) with cheer and dance instruction. Learn dynamic dance routines using the newest, innovative moves and choreography. Cheer features new and creative cheers/sidelines, audience involvement, stunts and jumps. UNM coaching staff offers proper stretch/warm-up, aerobic work-out and skills workshop while promoting leadership, teamwork and discipline to help develop confidence, self-esteem, and coordination.

Register Now and Save!

Register for camp by July 12th and pay \$75.00* per student.

Door Registrations and those received after July 12th pay \$90.00* per student.

Check-in: 8:30 am July 24th.

University Arena: "The Pit" Enter through outside ramp which is located at the east corner on the south side of the building.

Clothing: T-shirt, stretch shorts, dance or 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:

Spirit 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.

UNM Spirit Camp '08

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 Spirit 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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