



UNM Stunt Camp '08 Team Registration

July 15, 2008

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

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

Register Now as a Team 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 end 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.

| Team Name _____ | | (check one) Session 1 _____ | Session 2 _____ |
|------------------------|-----------|------------------------------------|------------------------|
| 1. _____ | 2. _____ | 3. _____ | |
| 4. _____ | 5. _____ | 6. _____ | |
| 7. _____ | 8. _____ | 9. _____ | |
| 10. _____ | 11. _____ | 12. _____ | |
| 13. _____ | 14. _____ | 15. _____ | |
| 16. _____ | 17. _____ | 18. _____ | |
| 19. _____ | 20. _____ | 21. _____ | |
| 22. _____ | 23. _____ | 24. _____ | |
| 25. _____ | 26. _____ | 27. _____ | |
| 28. _____ | 29. _____ | 30. _____ | |

Coach 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 team's participation in UNM Stunt Camp '08 activities. This includes heirs who may not act on my behalf. As the coach, I have a parental release for each student listed above, to authorize emergency medical care deemed necessary by a physician. I agree to pay a \$40.00 service fee for any form of payment returned to YSS by the 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