Middle School Cheer Technique and Stunt Clinic at the “U”

Grades 6th-8th
June 25th- June 28th
12:00-3:00

Campers will experience all aspects of what it takes to be a high school cheerleader including crowd leading, spirit raising, entertaining, and athleticism. Their week will be filled with basic conditioning, proper motion placement, jump technique, voice projection, and spirit. Not only will they learn the fundamentals of cheer but also experiment with stunting in a safe and supervised environment. Campers will participate in a “How to Tryout/Mock Tryout” session for those considering trying out for a middle school or high school team. Individuals and teams at all abilities are welcomed.

<table>
<thead>
<tr>
<th>CHEER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fee</strong></td>
</tr>
<tr>
<td><strong>Grades</strong></td>
</tr>
<tr>
<td><strong>Times</strong></td>
</tr>
<tr>
<td><strong>Dates</strong></td>
</tr>
<tr>
<td><strong>Location</strong></td>
</tr>
<tr>
<td><strong>Instructors</strong></td>
</tr>
</tbody>
</table>
Spirit Camps at the U

Fill out form and return with payment to:
Trisha Fos, 45 Dalrymple Drive, Baton Rouge, LA 70803
Makes checks payable to Trisha Fos (payment is non refundable)

Athlete’s Name: ____________________________  Age: ______
School: ____________________________  Grade for 2018/2019 ______

Cheer Technique and Stunt Clinic- 12:00-3:00

Parents’ Name____________________________  Phone # ______________
Email Address____________________________
Emergency Contact: ______________________Phone: __________________
Insurance Company: ______________________Policy #_________________

Allergies:  _______________________________________________________

T-shirt Size: Register by June 15 to guarantee t-shirt

YS   YM   YL   AS   AM   AL   AXL

Parent or Guardian Release of Liability
The undersigned parent or guardian understands that the camper will be engaged in physical activity which contains a risk of physical injury and the undersigned assumes the risk and releases and holds harmless the Louisiana State University Laboratory School and specifically those conducting the football camp, from any and all liability for personal injury, illness, or property damage incurred from participation in the camp. I hereby grant permission for my child to attend the University High School Football Camp and be treated by a member of its staff in the event of an injury, illness, or other mishap. I have no knowledge of any physical impairment that would affect the named camper’s participation in the camp program. I also understand the Camp retains the right to use, for publicity and advertising purposes, photographs of campers taken at camp. I have also read, understand and accept the camp fees and refund policies.

Parent/Guardian Signature ____________________________________________
Date_____________________________
