

SUMMER CAMP REGISTRATION FORM

CAMPER'S NAME: _____
ADDRESS: _____
HOME PHONE: _____ ALT. PHONE: _____
EMERGENCY NAME AND PHONE: _____
AGE: _____ GRADE THIS FALL: _____ SESSION NUMBER(s): _____
E-MAIL ADDRESS: _____

PERMISSION AND EMERGENCY MEDICAL RELEASE

We hereby consent for our cheerleader, _____ to attend Georgia Elite All Stars, Ltd.'s Summer Cheer Camp. If we cannot be reached in the event of an emergency, we also authorize Georgia Elite All Stars, its coaches, trainers, or any member of its staff, to obtain emergency medical treatment from any physician, hospital, or other qualified medical personnel, at our facility as needed in the event of an accident or injury. The undersigned further states that the above-mentioned cheerleader is in good health and is not suffering from any medical or physical, impairment,, except _____. The undersigned further certifies that said cheerleader is not allergic to any medication, drugs or food, except _____.

The undersigned is fully aware of and appreciates the risks, including the risk of possible serious injury, as well as other damages and losses associated with participation in tumbling activities, cheerleading, and training. The undersigned agrees that Georgia Elite All Stars, its officers, employees, agents, directors, coaches, trainers, or any member of its staff, including without limitation non-paid parent volunteers, shall not be liable for any losses or damages occurring as a result of the participation in tumbling activities, cheerleading, and training, except for such loss or damage that is the result of intentional or reckless conduct of one of the organizations or individuals identified above.

Parent Signature: _____ Print Name: _____
Insurance Carrier: _____ Group Number: _____
Insured's Name: _____ Insurance Phone: _____

Camp limited to a minimum of 10 cheerleaders per session. **Early Drop Off or Pickup \$ 25 per week each**
Return Registration Form and check for \$100 before requested session to reserve place: One Session
\$100 - Two Sessions in the same week is \$150

Mail or Deliver Summer Camp Registration Forms and Payment to:

Georgia Elite All Stars, Ltd.
2000 Ray Moss Connector
Johns Creek, Georgia 30022

Questions, please call 770-753-8844 or email: gaelite@bellsouth.net

Cut here -----

Refrigerator Reminder GEORGIA ELITE ALL STARS

Cheer & Tumbling Camps Monday through Friday Morning 9:00-12:00 Afternoon 12:30-3:30

June 6 th – 10 th	___ Session 1	___ Session 2	July 11 th – 15 th	___ Session 9	___ Session 10
June 13 th – 17 th	___ Session 3	___ Session 4	July 18 th – 22 nd	___ Session 11	___ Session 12
June 20 th – 24 th	___ Session 5	___ Session 6	Aug. 1 st – 5 th	___ Session 13	___ Session 14
June 27 th – July 1 st	___ Session 7	___ Session 8			

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