

**Registration Deadline: Friday, May 26, 2017**

**(Late Fee add \$25, if after 5/26/17)**

**2017 Camp Dates: June 5 – June 8**

**Please PAY online via PayPal AND mail / email PayPal receipt with Online Registration Form**

**If paying by check, make Check Payable to: Alpharetta High School Cheerleading**

**Mail Registration form to: Arlene Labrador-Franceschi, 4925 Thornbury Way, Alpharetta, GA 30005**

**Questions? Please contact: Alrene Franceschi at [arlenelab@hotmail.com](mailto:arlenelab@hotmail.com)**

**Camper's Name: (please print) Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_**

**Referred By: \_\_\_\_\_ Age (4-12): \_\_\_\_\_ School/Grade 2017-2018: \_\_\_\_\_**

**Address: \_\_\_\_\_**

**City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**Parent/Guardian Names: \_\_\_\_\_**

**Email Address: \_\_\_\_\_ (for Camp reminders and updates!)**

**Phone Number: (home): (\_\_\_\_) \_\_\_\_\_ (cell): (\_\_\_\_) \_\_\_\_\_**

**If possible, place my child with their friend also attending: \_\_\_\_\_**

**T-shirt Size (please circle one): YXS    YS    YM    YL    YXL    AS    AM    AL**

**My child has my/our permission for \_\_\_\_\_ to pick-up/drop off.**

**Does your child have any cheerleading experience?**

**Does your child have any allergies or medical issues?**

***(Camper will receive an AHS Mini Camp Information "Packet" via e-mail after registration)***

**Fulton County Medical Release and Waiver**

I hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the camp, during the period of the camp, to seek appropriate medical attention for the camper, and for medical attention to be given, and for the camper to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment, and have medical insurance to cover these costs. Additionally, I hereby state that the Alpharetta Cheerleading Camp and Alpharetta High School are not responsible for any pre-existing injury or reoccurrence of any undisclosed pre-existing injury or illness of the above camper prior to the first day the camper registers.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify for ourselves, our heirs, executors, and administrators, to waive, release and forever discharge Alpharetta Cheerleading Camp and Alpharetta High School, and its staff, officers, agents, employees, representatives, and successors from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in camp activities or while at camp, whether or not the damages, injury, or loss is due to negligence.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Images of my child may be used in AHS cheerleading promotional publications unless specified in writing to Coach Arnold.

\_\_\_\_\_ (initial)

**PAYPAL AMOUNT \$ \_\_\_\_\_ OR CHECK NUMBER \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_**