

AHS Mini Camp Registration

June 4th-June 7th, 2018/12:30-4:30 in the Alpharetta High School Main Gym. To ensure placement, t-shirt, goodie bags, snacks, and crafts, please submit form no later than May 22nd, 2018. For questions please contact Liz Waller at liz.waller@regions.com. If you prefer to print and mail your forms and pay by check, please send to: AHS Cheer Mini Camp, Liz Waller, 5025 Southlake Drive, Alpharetta, GA 30005

Athlete Information

Athlete's Name

First Name Last Name

Birth Date

Month Day Year

Grade

Gender

Male

Female

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Parent/Guardian Information

Name

First Name Last Name

Home Number

Area Code Phone Number

Cell Number

Area Code Phone Number

E-mail

**Please put my camper
with their friend also
attending**

T-shirt Size

Camper will receive an AHS MiniCamp information packet via email after registration.

Emergency Information

Emergency Contact's Name

Relationship

First Name Last Name

Phone Number

Area Code Phone Number

Alt. Phone Number

Area Code Phone Number

Does the athlete have any allergies, chronic illness, or medical conditions? If yes, please describe.

Is the athlete prescribed an inhaler? If yes, please explain any instructions.

Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities prepared by AHS Cheerleading during the selected camp. In exchange for the acceptance of said child's candidacy by AHS Cheerleading, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless AHS Cheerleading and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against AHS Cheerleading including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including cheerleading.

Signature

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.

Signature _____

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.

Signature _____

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

Signature _____

Confirmation

BY ACKNOWLEDGING AND SIGNING BELOW, I AM DELIVERING AN ELECTRONIC SIGNATURE THAT WILL HAVE THE SAME EFFECT AS AN ORIGINAL MANUAL PAPER SIGNATURE. THE ELECTRONIC SIGNATURE WILL BE EQUALLY AS BINDING AS AN ORIGINAL MANUAL PAPER SIGNATURE.