



## Summer Camp and Clinic Registration

Cheerleaders Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_

- Beginner Tumbling Clinic (July 29-31<sup>st</sup>) - \$130/child or \$40/day\*
- Intermediate/Advanced Tumbling Clinic (August 4-7) - \$130/child or \$40/day\*
- Both Tumbling Clinics (Above) - \$240\*
- \*JAG All-Star Discount of \$100/child per clinic for each clinic or both clinics for \$180

- James Speed Stunt Clinic (August 22-24<sup>th</sup>) - \$150/cheerleader
- James Speed Stunt Clint (August 25<sup>th</sup>) – HS and Pop Warner Teams - \$75/cheerleader

### Payment Method:

Credit Card: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express

Credit Card Number: \_\_\_\_\_

Name as it Appears on Card : \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
City State Zip

Authorization Signature: \_\_\_\_\_

I, \_\_\_\_\_ understand and agree that the above information is correct and do not hold JAG Cheer Training Center's staff or structure harmless or liable. I am also aware that all classes I am registering for require payments in advance and a \$5.00 late fee will be assessed to every week payment is late.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_