

American Glory Allstars Summer Camp 2010

Youth/Recreation Cheer Camp

9-12pm

\$45

____ Session 1 July 20-22 ____ Session 2 August 11-13

Half day camp to include: conditioning ★Tumbling ★Cheer motions ★Jumps ★Dance ★Team Building

Middle School Prep Camp

9-1pm

\$45

____ Session 1 August 11-13

Half day camp ★Polish skills for Fall Middle School cheerleading tryouts (jumps, motions, tumble)

High School Stunt/Tumble Clinic Time T.B.A.

\$70

____ Session 1 July 18 Taught by former collegiate HPU cheerleaders & Hosted @ AGA gym
5 hour clinic per day ★Polish skills for High School cheerleading tryouts (jumps, tumble)

Hip Hop/Jazz Dance Camp

1-4pm

\$45

____ Session 1 July 29

Pre-K 1st grade Day Clinic

10-12pm

\$25

____ Session 1 Aug 13

Camp to include: Beginning Skills ★Tumbling ★Cheer motions ★Jumps ★Dance ★Story Time

FORM OF PAYMENT: \$10 REG Fee + camp session FEE- AGA Members do not pay reg fee.

____ Cash ____ Check(make payable to VASA)

Mail Payments to Virginia Arts and Sports Association c/o Karen Higgins

8018 Hankins Industrial Park Blvd. Suite A, Toano Virginia 23168

*ALL CAMP FEES ARE NON-REFUNDABLE

757-206-5362 or email info@americangloryallstars.com

www.americangloryallstars.com

VASA Summer Camp Registration & Medical Information

Participant Info

Participants Name _____ Date of Birth _____
Home Address _____
City _____ State _____ Zip _____ Home Phone _____
Email Address _____ Cell Phone _____
School in Fall _____ Grade _____ Age Today _____

Parent Info

Participants Name _____ Date of Birth _____
Home Address _____
City _____ State _____ Zip _____ Home Phone _____
Email Address _____ Cell Phone _____
Place of Employment _____ Work Phone _____

Incase of Emergency Notify (other than parent)

Contact Name _____ Relation _____
Home Phone _____ Work Phone _____ Cell _____

Physician Info

Name of Physician _____
Name of Insurance Company _____ Name of Subscriber _____
Relation to subscriber _____ Policy # _____

Medical History

General Allergies _____
Allergies to Medication _____
Injuries Current _____
Medication Currently Taking _____
Illnesses or conditions _____

Medical Release

I allow my child to be given the following medicine, if necessary at the gym: ___ Tylenol ___ Advil
In the event of injury or illness arising during participation of my child/participant in any **Virginia Arts & Sports Association (VASA)** activities, I, the undersigned parent/guardian, do hereby give permission for my child/ward to receive emergency medical treatment deemed necessary by a qualified, licensed physician who is available (doctor, dentist, emergency medical professional). I acknowledge and understand and agree this authorization is to be used only in medical emergency situations when I cannot be contacted or when I am contacted but cannot be present. I hereby hold **Virginia Arts & Sports Association (VASA)** and its employees/volunteers harmless in the exercise of this authority.
I, the undersigned parent/guardian, give my permission and consent to my child/ward's participation in all **Virginia Arts & Sports Association (VASA)** functions. I understand participation in tumbling, cheerleading, and dance activities involves the risk of injury. I assume all risks and hazards incidental to such participation including transportation to and from activities; and I do hereby waive, release, absolve, indemnify and hold harmless **Virginia Arts & Sports Association (VASA)** and its employees for any claim arising out of injury to the applicant whether the result of negligence or any other cause.

Parent Guardian

Signature _____ Date _____

