



Summer Camp Payment Sheet

Student Name: _____ Age: _____

Phone: _____ *Is child registered w/Cheer U _____

*If child is not already registered w/Cheer U this season, a one-time Registration/Insurance Fee of \$10 will be due.

Email address: _____

SUMMER CAMP: 9:00 TO 12:00

\$35 - 1 DAY PER WEEK - \$50 - 2 DAYS IN SAME WEEK)

Week 1 - Mon. June 28th & Thurs. July 1st _____ \$ _____

Week 2 - Mon. July 5th & Thurs. July 8th _____ \$ _____

Week 3 - Mon. July 12th & Fri. July 16th _____ \$ _____

Week 4 - Mon. July 19th & Thurs. July 22nd _____ \$ _____

Week 5 - Wed. Aug. 4th & Thurs. Aug. 5th _____ \$ _____

Week 6 - Mon. Aug. 9th & Thurs. Aug. 12th _____ \$ _____

Week 7 - Thurs. Aug 19th & Fri. Aug. 20th _____ \$ _____

Week 8 - Mon. Aug 23th & Thurs. Aug. 26th _____ \$ _____

Total \$ _____

10% Discount if paid in full for all 16 classes.! \$ _____

Registration/Insurance Fee (\$10) if not already registered \$ _____

Total Summer Camp Amount Due: \$ _____

I hereby consent to the aforementioned child participating in the Cheer University Camp/Clinic. I recognize that potentially severe injuries including permanent paralysis or death can occur in any activities involving height or motion including tumbling, cheerleading and related activities. I understand that it is the express intent of Cheer University to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities, I hereby forever release Cheer University, their officers, employees, and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Cheer University. As a legal guardian of the aforementioned child, I hereby agree to individually provide future medical expenses which may be incurred by my child as a result of any injury sustained while training at or performing for Cheer University. This acknowledgement of risk and waiver of liability has been read thoroughly and understood completely, is signed voluntarily as to its content and intent. As a legal guardian of the aforementioned child, I give The Cheer University staff permission to give my child simple first aid or to be transported to the hospital to receive emergency medical treatment.

Parent or Legal Guardian's Signature _____ Date _____

Check here if entered in computer
Entered by: _____

Date Entered: _____