

CITY OF ALTAMONTE SPRINGS – SPECIAL NEEDS CHEERLEADING

SPARKLERS CHEER CAMP 2011

CAMP DATE

Saturday, October 22, 2011
10am-4pm

CAMP LOCATION

Lake Brantley South Gymnasium, 1010 Sand Lake Road Altamonte Springs, FL 32714
Gymnasium is located ACROSS the street from LBHS. Enter into Forest City Elementary (2nd Street Light) Park by the bus loop and follow side walk to the back gymnasium on the right of the elementary school.

PROGRAM COST

Special Needs Participants -\$10
Volunteer Cheer Buddy- FREE
**Non-refundable. *Space Limited.
**Financial Assistance Available.*

CAMP DESCRIPTION

Includes: Box lunch, camp t-shirt, camp workshops, and involvement in parade the following week. Cheer Camp will be a FUN day of cheer training available to any athlete with special needs ages 6 and up. Cheer Camp workshops will be designed to teach participants about cheerleading. Many *Special Guests* will be attending to enhance the training experience.

PARADE

All Cheer Camp participants will be eligible to take place in the UCF Homecoming Day Parade the following week, on Saturday, October 29, 2011 at UCF's Main Campus.
(Details about the parade will be emailed to campers before camp begins)

REGISTRATION

Registration Available: October 3-7, 2011

How to Sign Up:

1. Reserve your spot beginning on October 3 via phone or email: 407-571-8814 or rrel-khoury@altamonte.org
2. Submit Registration Form & Payment within a week of reservation via email, fax or mail
3. Skip steps 1 & 2 and register online at: www.AltamonteSports.org (click 'Register Online')
4. Submit 2011 Medical Release Form within a week of reservation via email, fax or mail

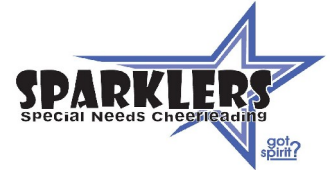
OTHER NOTES

Bring: We recommend coming to camp in athletic shorts or pants with sneakers. Special Needs Participants will receive a camp t-shirt that morning. Bring plenty of water for athletes to drink. Volunteer Cheer Buddies should wear athletic shorts or pants and any white t-shirt.
Lunch: Box lunches will be provided for Special Needs Participants and Volunteer Cheer Buddies. Lunch includes a choice of ham or turkey sandwich, with chips, drink, and a cookie. Lunch will be served between 12pm-1pm.

Sign In/Out: Special Needs Participants are required to be signed in and out of camp by their parent, guardian, companion, ride, etc. (unless participant is independently arriving to/from events)

Supervision: Special Needs Participants can be left at camp without supervision if they meet the following:

1. Be able to function in a group structure (1 staff member/volunteer per 5 participants)
2. Have independent bathroom skills
3. Be able to follow basic instructions and direction



Participant Registration

Please detach schedule above (for your records) and submit Registration Form below.

Name: _____

Mailing Address: _____ **City/State/Zip:** _____

Cell Phone: _____ **Email:** _____

(\$10) Special Needs Participant Registration

Please check training restrictions due to medical/physical concerns.

T-SHIRT SIZE:

- YS YM YL YXL
AS AM AL AXL A2XL A3XL

- NO RESTRICTIONS
 Forward Rolls Cartwheels
 Base of a stunt Flier for a stunt *(Stunts are spotted by a coach)*

Comments: _____

Participant or Parent/Guardian Signature: _____ **Date:** _____

GENERAL RELEASE: The undersigned participant and/or his/her parent or guardian, in consideration for the City of Altamonte Springs through it's Department of Leisure Services providing facilities, instruction and supervision in the activity listed above does hereby: (1) Assume all risk of possible damage of injury involved through participation in the above noted activity. (2) request permission to participate in the activity with full knowledge that said activity could result in damage or injury to me. (3) Agree to indemnify and hold harmless the City and/or its departments or agents from liability resulting in participation in said activity. **I acknowledge that I have read and I fully understand each and every one of the provisions in this release of liability and indemnification agreement, accept them and agree to abide by them.**

PAYMENT Checks payable to: **City of Altamonte Springs**

Payment Date: _____ Check # _____ Cash Credit Card

Card Type: VISA MASTER CARD AMEX **Credit Card #:** _____

Expiration Date: MM/YY _____ **Amount to charge:** _____ **Name on card:** _____

Authorized Signature: _____ Credit Card Information will be destroyed after processing