



**Camp SuperTwirl Registration Form**  
**Make Checks Payable to: SHS Majorettes**

**Students Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**T-Shirt Size:** Child S M L Adult S M L XL XXL

**CHECK ONE:** \_\_\_\_\_ I have a baton \_\_\_\_\_ I need a baton (\$25.00)

**Please sign me up for:** \_\_\_\_\_ Camp SuperTwirl (\$50.00)  
or  
\_\_\_\_\_ Camp SuperTwirl and Miss Camp SuperTwirl (\$60.00)

**Grade for upcoming school year:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Parent/and or Legal Guardian** \_\_\_\_\_

**Please list anyone who may pick up your child this week:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Emergency Contact (Name and #)** \_\_\_\_\_

I, \_\_\_\_\_, do hereby affirm that the applicant is in good health and suffers from no illness or condition that prevents vigorous activity. I also agree to be responsible for any medical bills due to injury or illness occurring while my child attends the camp. I consent to allow any camp supervisor to procure any medical treatment deemed necessary. **The Phoenix Majorette Camp SuperTwirl provides no medical insurance.** As a condition of admittance of my child as a camper, I do hereby release Phoenix Majorette Camp and all camp employees from liability for injury and illness.

**Parent/Legal Guardian Signature:** \_\_\_\_\_

