

**2009 STUNT CLINIC**  
**REGISTRATION FORM**

**September 27<sup>th</sup>, 2009**

**FIRST 60 COMPLETE APPLICATIONS WILL BE TAKEN.**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

High School/College: \_\_\_\_\_ Senior \_\_\_\_\_ Junior \_\_\_\_\_ (Check)

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

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

Hometown: \_\_\_\_\_ Email: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**PARTICIPANT INSURANCE FORM AND WAIVER FORM ARE REQUIRED TO ATTEND THIS CLINIC**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Participant Signature

**Mail registration form to:**  
**CHEER AUTHORITY**  
**Attn: David McDowell**  
**2401 Skyland Blvd. E.**  
**Tuscaloosa, AL 35401**