

**2011 STUNT CLINIC**  
**REGISTRATION FORM**

**February 26th , 2011**

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

Name: _____ Cell Phone: _____	
High School/College: _____	Senior _____ Junior _____ (Check)
Address: _____	
City: _____	State: _____ Zip: _____
Hometown: _____	Email: _____

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

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

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

**Mail registration form to:**  
**CHEER AUTHORITY**  
**Attn: Christa Grizzle**  
**3740 Resource Drive Unit G**  
**Tuscaloosa, AL 35401**