UF Gatorette
Baton Twirling Camp

SATURDAY, JUNE 20th, 2009

Come and learn from some of the best twirlers in the state. Classes will include Modeling, Strut, Solo and multiple baton. You may also sign up for private lessons with your favorite Gatorette!

- Come and have your competition routines reviewed and worked.
- Come and learn new tricks and routines.
- Come and enjoy a day of serious twirling and lots of fun!

Classes will be divided for all levels of twirling from beginner through advanced as well as for all age groups. Cost is $75 per twirler with the camp fees including over 7 hours of twirling as well as a camp t-shirt and lunch. Deadline for pre-registration: June 10, 2009

Details including class schedule and directions to the gymnasium will be sent upon receipt of registration form.
Send the registration form along with camp payment to June Stoeber, PO Box 859, Archer, FL 32618.
Checks or Money Orders can be made payable to ATA .

CAMP REGISTRATION FORM

_____ Twirler's Name

_____ Email

(_____)_____ Phone

_____ Address

_____ City

____ State

_____ Zip

_____ Parents

_____ Baton Teacher

(Please circle) Twirling Level - Nov Beg Int Adv

Age Group - Age 0-6 Age 7-9 Age 10-12 Age 13-15 Age 16+

T-shirt Size - Child's Medium Child's Large Adult Small Adult Medium Adult Large Adult XL

Liability and Medical Statement Waiver

In consideration of being allowed to participate in this camp I hereby release and waive the Gator Band program, the University of Florida, the State of Florida, and their employees from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by me/my child, or to any property belonging to me/my child while participating in this camp, or while in, on, or upon the premises where the camp is conducted.

To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk in participate in any way with the camp's activities. I am fully aware of risks and hazards connected with this camp. During the period of the camp, I hereby give permission for the camp staff to administer appropriate medical attention to me/my child in the event of any accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment not covered by insurance.

In signing this release, I acknowledge I have read and understand this waiver and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete considerations fully intending to be bound by same.

_____ PARENT/GUARDIAN SIGNATURE

_____ EMERGENCY PHONE NUMBER

_____/_____/_____ DATE