

HSCDA ALL-STAR REGISTRATION

*Participants Information

Name: _____

Date: _____

Parent Name: _____

Coaches Name: _____

Contact Number _____

Email Address _____

Emergency Contact #: _____

*Release of participant permission slip

I _____ the parent/guardian of _____ hereby release my child to the HSCDA on the dates of _____ through _____. I _____ will provide appropriate accommodation of transporting my child to and from the clinic/camp site. I _____ can also provide medical insurance coverage proof for _____



I _____ hereby agree with the terms and agreements listed above for the camp competition and I _____ will adhere to any and all consequences that will be stanchion upon my attendance in the cheer or dance category based off of my actions.

I _____ also understand that there will be no appeal or reversal process of actions taking against my participation once the board of directors has made their final decision.

All-Star Signature x _____

Date _____

Parent/Guardian Signature x _____

Date _____

Owner & CEO
Kendall D. B Jackson

Director of Camp Operations
Terrance J. Bolton

