

## Registration

\*Cost: \$90 before June 1st

\$100 after June 2nd

Checks payable to: **MVAA**

Kelly Delauter

7000 Springdale Lane

Middletown, MD 21769

\*Family and hardship discounts available. Call Kelly Delauter for more information

301-371-4702

Spirit Camp  
Kelly Delauter  
7000 Springdale Lane  
Middletown, MD 21769



## ***MVAA Spirit Camp***

**July 19-22  
2010**

**Time:  
9:00-12:00**

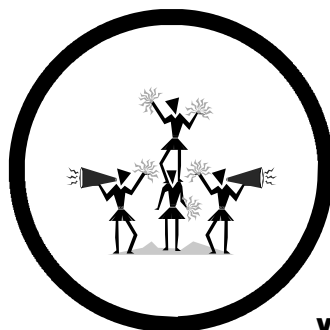
**Middletown**

**Middle School**

***Open to all 3rd,  
4th, 5th, 6th, 7th,  
and 8th graders***

**These materials are neither sponsored by nor endorsed by the Board of Education of Frederick County, the superintendent, or this school.**

**We are excited to have you here with us at our annual MVAA Spirit Camp. We are here to provide an atmosphere where children can learn sportsmanship, teamwork, and the proper techniques of dance and cheerleading.**



**Our cheer staff consists of MVAA coaches, experienced cheerleaders, and high school helpers. Our staff has over 25 years of cheerleading and coaching experience.**

**We will maintain a high level of enthusiasm and fun while learning proper skills. We will learn-**

- ◆ Cheers and chants
- ◆ Dances
- ◆ Jumps and ply metrics
- ◆ Motions
- ◆ Spirit techniques
- ◆ Crowd involvement and much more!



**Registration Form**

MVAA Spirit Camp

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grade (Fall 2010):** \_\_\_\_\_

**T-shirt size :** Youth    S        M        L  
                                  Adult    S        M        L        XL

**Full payment enclosed:**    \$ \_\_\_\_\_

**Family Discount:**    0    \$10 each (2)

**Parental Permission**

**The medical insurance provided by MVAA is in the form of a secondary coverage policy. This means that only those medical charges NOT covered by the family medical insurance will be covered by MVAA policy.**

**I authorize the adult camp staff to act for me according to their best judgment in a situation requiring medical attention for my child.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Emergency #:** \_\_\_\_\_

**Medical concerns regarding your child:**

\_\_\_\_\_