

## 2006 OLE MISS MID-SOUTH CHEERLEADERS CAMPS REGISTRATION FORM

**June 22-25**  
Cheerleader Camp I  
(Thursday-Sunday)

**July 6-9**  
Cheerleader Camp II  
(Thursday-Sunday)

**July 20-23**  
Cheerleader Camp III  
(Thursday-Sunday)

**PLEASE TYPE or PRINT**

School Name \_\_\_\_\_ School Telephone (\_\_\_\_\_) \_\_\_\_\_

School Mailing Address \_\_\_\_\_  
P. O. Box, Street, Route \_\_\_\_\_ City \_\_\_\_\_ State / ZIP \_\_\_\_\_

If Adviser/Coach does NOT plan to attend, please have him/her, the school principal, or a parent of one of the cheerleaders sign on the line below to indicate that the group is authorized to attend.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
(Sponsor, Principal, Parent)

**CHECK TYPE OF SQUAD:**  **Junior High**  **Junior Varsity**  **Varsity**

School Colors \_\_\_\_\_ Number of Members on Your Squad \_\_\_\_\_

**CHEERLEADER SQUAD**

**CONTACT PERSON:** Person to receive all information about the Ole Miss Cheerleaders Camps.

Name \_\_\_\_\_ Home Telephone (\_\_\_\_\_) \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**CORRESPONDING SECRETARY**

We will mail important material throughout the year to your corresponding secretary. Be sure to elect someone who will be responsible for distributing the mailed material to the entire squad. The corresponding secretary should be someone the squad elects and who will probably be on the squad this year and next year. (Example: for high schools, this person should be classified no higher than a junior for the current school year.)

Name \_\_\_\_\_ Home Telephone (\_\_\_\_\_) \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State / ZIP \_\_\_\_\_ Fall 2006 School Grade (Circle One) 7 8 9 10 11 12

**ADVISER/COACH #1**

Name \_\_\_\_\_ School Mailing Address \_\_\_\_\_

Home Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State / ZIP \_\_\_\_\_

City \_\_\_\_\_ State / ZIP \_\_\_\_\_ Number Years Sponsor \_\_\_\_\_ Teaching Position \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ Home Telephone \_\_\_\_\_ School Telephone \_\_\_\_\_

I will attend camp and have completed the back panel of this form.  I will not attend camp.

Name \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

**ADVISER/COACH #2**

Name \_\_\_\_\_ Home Telephone (\_\_\_\_\_) \_\_\_\_\_

Home Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State / ZIP \_\_\_\_\_

I will attend camp and have completed the back panel of this form.  I will not attend camp.

1. Name \_\_\_\_\_  
Home Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State/ZIP \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Fall 2006 School Grade (Circle One) 7 8 9 10 11 12  
Deposit \$ \_\_\_\_\_ Full Fee \$ \_\_\_\_\_  
 Female  Male  
Social Security Number (required) \_\_\_\_\_

2. Name \_\_\_\_\_  
Home Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State/ZIP \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
Home Phone \_\_\_\_\_  
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 Female  Male  
Social Security Number (required) \_\_\_\_\_

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 Female  Male  
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Home Phone \_\_\_\_\_  
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Deposit \$ \_\_\_\_\_ Full Fee \$ \_\_\_\_\_  
 Female  Male  
Social Security Number (required) \_\_\_\_\_

**Please use the spaces below to indicate housing arrangements for advisers, bus drivers, parents, chaperones, and children who will need housing. Permission must first be obtained for bringing EXTRA persons to camp. The fee is \$85 per person or \$30 per night.**

1. Name \_\_\_\_\_  
Home Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State/ZIP \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Deposit \$ \_\_\_\_\_ Full Fee \$ \_\_\_\_\_  
 Female  Male  
Social Security Number (required) \_\_\_\_\_  
\*\* A \_\_\_\_\_; BD \_\_\_\_\_; P/C \_\_\_\_\_; C \_\_\_\_\_

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**\*\* A = Adviser; BD = Bus Driver; P/C = Parent/Chaperone; C = Child**

**FOR OFFICE USE ONLY**

Receipt number _____	<b>Number of:</b> Cheerleaders _____	<b>Completed:</b> Letters _____
Amount paid \$ _____	Mascots _____	Cards _____
Amount due \$ _____	Advisers/Coaches _____	Name tags _____
	Parent/Chaperones _____	Housing forms _____
	Children _____	Computer lists _____
	Bus Drivers _____	



**REGISTRATION INFORMATION**

Please furnish all information requested.  
Type or print clearly the name of each participant.

**FEES and REGISTRATION**

<b>On-campus Resident Fees (dormitories)</b>	<b>Full Fee</b>	<b>Deposit</b>
Student.....	\$210	\$50
Adviser/Coach.....	\$180	\$50
<b>Off-campus Resident Fees (dormitories)</b>	<b>Full Fee</b>	<b>Deposit</b>
Student.....	\$180	\$50
Adviser/Coach.....	\$150	\$50

The registration fee for each student is \$210 and \$180 for each adviser/coach and parent/chaperone who attends sponsor meeting and activities. The required deposits for each are \$50. (The cost for additional persons is \$85 for dormitory housing or \$30 per night per person.) Indicate in each name block the amount sent for each person. If fees for several persons are included in one check, indicate the amount allocated for each person. Fees include housing and instruction but do not include meals. The \$55 campus meal card can be purchased on the day of registration on the Ole Miss campus. Please see the enclosed brochure for additional information regarding the meal plan.

A limited accident insurance coverage is provided for participants at our camp. The policy is a secondary-excess coverage policy and is applicable if no primary coverage is provided by the parents/guardians of a camper. The insurance is provided for all registered participants at camp.

**REQUIRED SOCIAL SECURITY NUMBER:** The University of Mississippi adds all youth program participants to our master mailing list. Your Social Security number is required so that you can receive periodic information on upcoming events and programs such as Career Day, Fall and Spring Campus Visit Days, and academic camps and conferences.

**PLEASE CHECK**  Yes, we plan to purchase the \$55 meal cards.  No, we will not purchase the \$55 meal cards.  
\_\_\_\_\_ Quantity needed.

Captain's Name \_\_\_\_\_

Mascot's Name \_\_\_\_\_

**PLEASE TYPE or PRINT**

1. \_\_\_\_\_  
Name \_\_\_\_\_  
Home Mailing Address \_\_\_\_\_  
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(\_\_\_\_\_) \_\_\_\_\_  
Home Phone \_\_\_\_\_  
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**Return to:**

Ole Miss Mid-South Cheerleaders Camps  
Office of Professional Development & Non-Credit Education  
The University of Mississippi  
P. O. Box 879  
University, MS 38677-0879

**ADVISERS/COACHES**

Advisers/coaches must be 18 years of age or older and must not be enrolled in secondary school. Permission must be obtained from the Office of Professional Development and Non-Credit Education for young children of sponsors to stay in the dormitories as well as any additional persons who wish to attend.

List registrants in groups of two to indicate roommate preference for housing. Identify the names of sponsors and mascots. Room assignments are made prior to registration day. ONCE ASSIGNMENTS ARE MADE, NO CHANGES WILL BE MADE IN HOUSING ASSIGNMENTS. If there are any special arrangements or requests for members of your group, please indicate on a separate piece of paper.

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