

**REGISTRATION: CASH OR CHECK ACCEPTED** (Make checks payable to ALA Booster Club) **DUE first day of camp.** 

Checks can be mailed to the high school (23908 S Hawes Rd, Queen Creek, AZ 85142, attn: John Kuntz)

Participants Name:	Grade	Grade Entering: Age:			
Session Attending (Check O	ne): 🗆 Youth Can	np (June 10 <sup>th</sup> -14 <sup>th</sup> )		Advanced Camp (J	une 17 <sup>th</sup> -21 <sup>ST</sup> )
Parent/Guardian Name:				T-SHIRT SIZE	
Email Address:				☐ Youth Sm ☐ Youth Md ☐ Youth Lrg	
Mailing Address:				☐ Adult Sm	□ Adult Md
City:	State:	Zip:		☐ Adult Lrg	☐ Adult XL
As a condition to participating in agree to maintain health insurar					
my son or daughter, American Le	adership Academy will	not be held responsible	e or liabl	e for any injuries.	
Parent Signature		Date			
Emergency Contact Name		 	aency Co	ontact phone #	