



Do you ever wish you could dance and cheer with a professional cheerleader and perform in front of the best fans in the Sioux Empire? Now is YOUR chance! The Sioux Falls Storm Lightning Girls will be hosting their Annual Jr. Lightning Girl camp on Saturday, May 20<sup>th</sup>, 2017. Camp is open to girls ages 4 to 15. Girls will learn both Cheer and Dance routines and will be the halftime feature for that evening's game against the Cedar Rapids Titans. Cost of camp will be \$35.00 pre-registration or \$45.00 day of; this will include choreography, cheers, camp T-shirt and ticket to the evening game.

**\*\*Additional tickets may be purchased for \$5.00 each. If purchasing additional tickets please add price into payment of camp\*\***

**Camp Registration:** 10AM

**Location:** Denny Sanford Premier Center

**Camp Time:** 10:30- Noon

Please remit payment and application to: **Sioux Falls Storm Lightning Girls**  
**5901 S. Southeastern Ave.**  
**Sioux Falls, SD 57108**

\*Check, Cash or Money Order accepted only. Make checks payable to Sioux Falls Storm Lightning Girls. No Refunds.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Shirt Size \_\_\_\_\_ (Adult/Child) Additional Tickets \_\_\_\_\_

\*\*I certify that my child is in good health. I hereby release and hold harmless the Denny Sanford Premier Center, Sioux Falls Storm and the IFL league and its member teams and their respective parents, subsidiaries, affiliates, directors, officers, governors, employees, and agents from and against any and all claims, causes of action, or demands relating to or arising out of a child's performance as a participant in the Jr. Lightning Girl Camp. I expressly assume all risk of injury (including permanent disability and death) arising out of a child's performance, howsoever caused or arising and accept personal responsibility for the damages following such injury. I grant full permission to Denny Sanford Premier Center, Storm Lightning Girls, with no obligation to compensate me further, to use any photographs, videotapes, motion pictures, recordings, or other record of child's performance. I have full authority to execute this Consent Form and do so with full knowledge of the facts and circumstances, surrounding child's performance. I acknowledge that I have read and fully understand the foregoing.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**SIOUX FALLS  
SPECIALTY HOSPITAL**  
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INSTITUTE**

