REGISTRATION FORM

Please return registration form and payment by Friday, December 5, 2014, to your child's teacher.

Name of Participant:		
Grade:		
Teacher's Name:		
Parent's Name:	PI	hone #
Emergency Contact Person:	P	hone #
Relationship to Participant_		
Please Circle T-Shirt Size:		
Youth Small (6-8)	Youth Medium (10-12)	Youth Large (14-16)
Adult Small	Adult Medium	Adult Large
I hereby acknowledge that as well as the Pawnee Unit that my child may incur whi Cheerleading Camp.	School District #11, are	not liable for any injuries
Parent Signature		Date