Youth Cheerleading Camp Grades Pre-k - 8

August 20-21 3pm-6pm

my	@ ECHS Gym	3
Name:	Grade:	School:
Shirt Size	e: YS YM YL S M	L XL
Parent/Guardiai	< / \ \ \ / \ \ \ / \ \ \ \ / \ \ \ \ \	
	1001	
Phone #:	Alternate Phone #: _	

\$25 per camper, \$5 discount for each sibling within the same household
(2nd child=\$20)

Make checks payable to ECHS Cheerleading You can mail registration form to: Dottie Collins 85 Beech St. Smiths Grove, KY 42171 If you have any question call or text 270-784-4530

Check Cash		Amount: \$		
have any health issues	we	should be	aware of?	Y

Does your child have any health issues we should be aware of? __Y __

If yes, explain:

Parent/Guardian Signature:	Date:
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I hereby certify that my child is in good physical condition to participate in the above noted cheerleading camp. I give permission for emergency treatment to be given to my child in the event of an emergency, injury, or illness. I release the Edmonson County High School, Dottie Gollins and any staff instructing my child of all liabilities in case of an injury or illness resulting from participation in the camp.