

DUE MONDAY, AUGUST 13TH

# MINI CAMP Registration Form

PLEASE DETACH THIS PORTION AND SUBMIT WITH \$40 PAYMENT. YOU MAY SUBMIT REGISTRATION FORMS WITH PAYMENT TO THE FRONT OFFICE AT RRPE OR THE MAIN OFFICE OF WCHS.

Name of participant \_\_\_\_\_

Age\_\_\_\_ Grade\_\_\_\_ Homeroom\_\_\_\_\_ T-shirt size(Circle) Youth/Adult S M L XL

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Registration Fee \$40 **Paid by: cash or money order \*\*\* we do not accept personal checks unless you are a WCBOE employee.**

I, \_\_\_\_\_, hereby give my permission for my child, \_\_\_\_\_, to participate in the Washington County High School Mini Cheerleading Camp. By signing this form, I submit to the best of my knowledge, there is no physical or mental reason why my child cannot participate in this camp. I agree to not hold WCHS, the Washington County Board of Education, or any of the above named associates responsible for an injury which may occur through normal participation in an activity of this kind. I also give permission for my child's picture to be placed on any school related websites or other media as a means of publicity for the WCHS Cheerleaders. I further give my permission for my child to be given food and drinks.

Please indicate any food allergies or restrictions for your child.

\_\_\_\_\_

Is your child on medication, or have a condition that interferes with participation in any activity?

\_\_\_\_\_

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

\_\_\_\_\_  
Date

**CUT AND TURN IN THIS SIDE WITH PAYMENT**