

VELMA JACKSON HIGH SCHOOL
2019 SUMMER MINI CHEER CLINIC

“WE’VE GOT THE MAGIC”

June 17th thru 21st

9:00 am - 12 noon

Registration Begins at 8:30 am

\$40 Camp Fee

Name: _____

Parent/Guardian: _____

School: _____

Date of Birth: ____/____/____ Grade for 2019-2020: _____

Address: _____

City: _____ State: _____ Zip: _____

Allergies or Medical History: _____

Contact Numbers:

Home: _____ Cell: _____ Work: _____

Email Address: _____

By providing my signature below, I give consent for my child _____ to be treated, if required, by private physician and / or hospital in the event of illness or injury that he or she may incur while enrolled in, and engaged in the activities of, the 2019 SUMMER MINI CHEER CLINIC. I further agree that I will be obligated for all loss resulting from such treatment. I, as parent or legal guardian, have actual knowledge and appreciation of the particulars of the camp, including the risks involved in participating in the camp, and hereby voluntarily consent to said minor’s participation and assume the risks arising there from. I furthermore release Madison County Schools, Velma Jackson High School, Velma Jackson Cheerleaders, and Ms. Debra Taylor of any and all liability from injuries. My health care provider will cover any injuries that may result.

Parent Signature: _____ Date: _____

Each participant need to wear comfortable clothing and gym shoes that they can cheer, jump, and dance in.