



Cheerleading Camp Registration Form

Age: Pre-K—8th grade

(Please print)

Participant's Name: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home phone: _____

Email Address: _____ School: _____

Grade: _____ Date of Birth: _____ Age: _____

***** IN CASE OF EMERGENCY, PLEASE CONTACT *****

NAME: _____ PHONE NUMBER: (____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

NAME: _____ PHONE NUMBER: (____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

\$40 Entry Fee (Entry Fee Includes Cost of T-Shirt)
\$40/Month

Where: MBA 2240 Westbrook Rd., Jax., MS 39211

When: Thursdays Time: 6:00 p.m. – 7:30 p.m.

T-SHIRTS

(Circle Size Needed)

YSmall (6-8) YMedium (10-12) YLarge (14-16)
ASmall AMedium ALarge AXLarge



CHEERLEADER WAIVER FORM

PARENT'S/GUARDIAN'S ACKNOWLEDGEMENTS

PARTICIPANT'S NAME: _____

Please Initial all lines to indicate agree to terms.

___ **ADA Policy (Required):** Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

___ **Waiver for Medical Treatment (Required):** In the event that my child requires emergency medical treatment and I can not be reached, I hereby authorize the MBA staff to make arrangements to transport my child to the physician, hospital or clinic or nearest hospital/emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

___ **Waiver for Participation (Required):** I understand that MBA activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all MBA programs and facilities. I further release, absolve, indemnify, and agree to hold harmless, the MBA, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of MBA facilities or participation in any MBA activity, whether located on MBA property or not.

___ **Waiver for Photo/Video Release (Optional):** I give my consent for any photos or videos taken of my child involved in MBA programs to be used for MBA promotions, trainings or display.

___ **I understand that refunds or transfers of payment are not applicable. (Required)**

Parent/Guardian Signature _____ Date _____

FOR OFFICIAL USE ONLY

Registration Date: _____

Amount Paid: _____

___ **Birth Certificate**

Staff Initial: _____