

2019

# LITTLE LIONS CHEER CAMP

CHEERLEADER'S NAME: \_\_\_\_\_

CHEERLEADER'S GRADE : \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT (OTHER THAN PARENT): \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

MAY WE USE YOUR CHILD'S PICTURE ON OUR SCHOOL'S  
WEBSITE/SOCIAL MEDIA PAGE? \_\_\_\_\_

I GIVE MY CHILD PERMISSION TO PARTICIPATE IN LSA'S CHEERLEADING  
CAMP ON THE ABOVE DATES & TIMES.

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_