



SIDELINESPIRIT!

CHEER COMPANY

Cheer Camp PARTICIPANT REGISTRATION

Participant's Name: _____ **Date of Camp:** _____

- Cheerleader
- Mascot

Grade: _____ DOB: _____/_____/_____ Age: _____ School: _____

T-shirt size: YS YM YL AS AM AL XL

Participant's Email: _____

Family Physician: _____ Phone: _____

Medical conditions or allergies to which we should be aware of (list any medications participant is presently taking):

Mother's Name: _____ **Phone:** _____

Occupation: _____ Place of Business: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____ 2nd Email: _____

Father's Name: _____ **Phone:** _____

Occupation: _____ Place of Business: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____ 2nd Email: _____

Emergency Contact:

Name: _____ Relationship: _____ Number: _____

Cash | Check | Money Orders made payable to Sideline Spirit!

_____ day camp: \$_____ x _____ camper(s) = \$_____

Visit us online!



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