

2017 NEWNAN LITTLE GIRL CHEER CAMP

TUESDAY, WEDNESDAY & THURSDAY

MAY 30^{st} , May 31^{st} & June 1^{st}

9:00a.m. to 12:00p.m. DAILY (UPCOMING Kindergarten - 8TH GRADE)

Please submit a separate form for each child that you are registering.

NAME: (PLEASE PRINT)			
GRADE NEXT SCHOOL YEAR :	SCHOOL N	IAME:	
HOME ADDRESS			
PARENT/GUARDIAN:			
HOME PHONE:	ME PHONE: CELL PHONE:		
EMAIL ADDRESS:			
IN CASE OF EMERGENCY CONTAC	T:		
COST OF CAMP: \$50.00			
T-SHIRT SIZE: PLEASE CIRCLE	YOUTH SMALL	YOUTH MEDIUM	YOUTH LARGE
	ADULT SMALL	ADULT MEDIUM	ADULT LARGE
I understand and acknowledge that there Newnan Cheerleading Camp. I hereby recheerleaders, coaches and staff of the Nedamages, judgments, and claims of any by my child during her participation in the Camp staff to act in my stead, using their should the need arise. I hereby verify that insurance through the duration of the Nedacknowledge, and agree to abide by the property of the should be the property of the standard of the Nedacknowledge, and agree to abide by the property of the standard of the Nedacknowledge.	elease, waive, discharge as ewnan Cheerleading Cam kind what so ever, in law he Newnan Cheerleading or best judgment, in obtain at my child is currently ar wnan Cheerleading Cam	p from any and all causes of a or equity which may result from Camp. I hereby authorize the aing any emergency medical and will remain covered under	nan High School and all action, lawsuits, com injuries sustained a Newnan Cheerleading attention for my child, a policy of health
PARENT/GUARDIAN SIGNATURE		DATE	
MAIL REGISTRATION FORM TO: N	JEWNAN HICH SCHO	OL CHEER ROOSTERS	

MAIL REGISTRATION FORM TO: NEWNAN HIGH SCHOOL CHEER BOOSTERS

P.O. BOX 375

NEWNAN, GEORGIA 30264

PLEASE MAKE CHECKS PAYABLE TO: NHS Blue and Gold Club

NHS Cheer will donate \$1 per participant or 5% of proceeds to Abby's Angels Foundation

*Forms must be received by May 19th to ensure t-shirt size