**Liberty Union Youth Cheer Camp**

**Hosted by LUHS Cheerleaders**



**When:** July 28th,29th and 30th

**Time:** 5-6:30

**Where:** LUHS

**Cost:** $20

**Who:** K-8th LU Cheerleaders

**Registration:** Must be submitted by July 28th

To guarantee shirt size we encourage everyone to register as soon as possible. Please make checks payable to LU Athletics. Please bring water!!

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| **Mail Completed Registration Form To:****Liberty Union High School ℅ Kurissa Kellner****500 W Washington Street Baltimore, Ohio 43105****Contact Coach Kellner at 740-974-0323 or** **Kellnerkurissa@gmail.com** |

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**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City:**\_\_\_\_\_\_\_\_\_\_\_\_**State:**\_\_\_\_\_\_\_**Zip:**\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle Shirt Size:** YS YM YL AS AM AL AXL

**Are there any medical conditions that staff should be aware of?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my child to participate in the Liberty Union Lions Youth Cheerleading Camp. I agree that any medical services needed are to be covered by our family medical coverage. In consideration for my child's participation in Youth Night, I hereby agree and promise that i will not hold the team, school, nor its employees responsible for any loss, damages or personal injuries that i may receive as a result of participation. In addition, I give my permission for any medical treatment by a qualified physician or at the nearest emergency room.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_