Station Camp High School
Cheerleading Camp Form

Participant Name:_____

Address:_____ City:_____

Father's Name:_____ Phone #:_____
Cell #: _____

Mother's Name: _____ Phone #:_____
Cell #: _____

School:_____ Grade:_____

Emergency Contact in case parents cannot be reached:

Name/Relation: _____ Phone #: _____
Doctor Name: _____ Phone #: _____
Medical Insurance #: _____ Policy #: _____

Please list any medical conditions we should be aware of:
_____

(Please Circle One)
SHIRT SIZE: Youth S Youth M Youth L
Adult S Adult M Adult L

RELEASE FORM:
I HEREBY RELEASE THE COACHING STAFF AND CHEERLEADERS OF STATION CAMP HIGH SCHOOL AND THE SUMNER COUNTY SCHOOL SYSTEM OF ANY LIABILITY THAT MAY INCUR DURING AN ACCIDENT OF MY CHILD DURING THE ACTIVITIES. I UNDERSTAND THE COACHING STAFF WILL ACT IN GOOD FAITH IF MY CHILD IS IN NEED OF MEDICAL ATTENTION.

Signature: _____ Date: _____

Please mail form and money to: SCHS Cheerleading
1040 Bison Trail
Gallatin, TN 37066

*****Make checks payable to SCHS Cheerleading.