



# CHIPOLA COLLEGE CHEERLEADERS

## *CHEER FEST & CRITIQUE DAY*

*SUNDAY, OCTOBER 26, 2008*

*2:00 P.M.*

*MILTON H. JOHNSON HEALTH CENTER*

**REGISTRATION FEE: \$10 / CHEERLEADER**

*(Checks payable to CHIPOLA COLLEGE)*

**DEADLINE FOR FORMS AND FEES: FRIDAY, OCTOBER 17, 2008**

**GENERAL ADMISSION: \$5.00 FOR AGES 5 AND UP**

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### **REGISTRATION FORM**

SQUAD NAME \_\_\_\_\_ GYM \_\_\_\_\_

COACH'S NAME \_\_\_\_\_ PHONE(WK.) \_\_\_\_\_

ADDRESS \_\_\_\_\_ (HOME) \_\_\_\_\_

CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_ (CELL) \_\_\_\_\_

Number of participants \_\_\_\_\_

Total fee \_\_\_\_\_

*Return to*

**CHIPOLA COLLEGE  
3094 INDIAN CIRCLE  
MARIANNA, FL 32446**

# PERMISSION/MEDICAL RELEASE FORM

*PARTICIPANT'S NAME* \_\_\_\_\_ *AGE* \_\_\_\_\_

*SQUAD NAME* \_\_\_\_\_

*PARENT'S NAME* \_\_\_\_\_ *WK PHONE.* \_\_\_\_\_

*ADDRESS* \_\_\_\_\_ *HOME PH.* \_\_\_\_\_

\_\_\_\_\_ *CELL PH.* \_\_\_\_\_

*Permission statement: I give my permission for my child to participate in the Chipola College Cheer Fest on October 26, 2008, and will be available at either of the phone numbers above if I am not in attendance in case of an emergency or an injury. I further give my permission for the cheerleader sponsor to administer first aid to minor injuries if they should occur. I will not hold the cheerleader coaches, cheerleaders, administrators, or Board of Trustees of Chipola College responsible for any injury that occurs.*

*Parent's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*PLEASE PRINT NAME HERE* \_\_\_\_\_