

# INTRAMURAL CHEERLEADING REGISTRATION

## Girls 1<sup>st</sup>-6<sup>th</sup> grade

Cheerleader's Name \_\_\_\_\_

Grade you will be in next year \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address \_\_\_\_\_

We will be having a Summer Cheerleading Camp for all girls interested in cheering for intramural football next year. The camp will be held July 26<sup>th</sup> – 29<sup>th</sup> from 10am-12pm each day. On the last day, the girls will participate in a pep rally for their families to show all they have learned during camp. The camp is optional, but recommended. They will get a jump start on learning their cheers for football season as well as learn the fundamentals of cheerleading. These fundamentals include correct techniques used for jumps, motions, voice and tumbling.

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Please mark the items you are paying for and make checks payable to Covenant Academy. Indicate intramural cheerleading in the memo section. **All fees are due no later than July 19<sup>th</sup>. Please return the medical release form (notarized) to the Grammar school office by July 19<sup>th</sup>, as well.**

Registration Fee - \$40.00 \_\_\_\_\_

Uniform - \$40.00 \_\_\_\_\_

Camp - \$35.00 (optional) \_\_\_\_\_

Camp T-Shirt - \$10.00 \_\_\_\_\_ size: YS\_\_\_ YM\_\_\_ YL\_\_\_ Adult S\_\_\_ Adult M\_\_\_

I hereby give approval for the participation of my child \_\_\_\_\_, in any and all 2010 Covenant Cheerleading activities and assume all the risks and hazards associated with incident to such participation, including transportation to and from CA activities. I understand that, although this is a recreational league, the possibility of an accident or injury involving my child does exist. I further understand that CA's student accident insurance coverage, if my child is an enrolled CA student, is a secondary catastrophic plan, and will only take effect after my personal insurance has been exhausted and the school student accident policy's deductible has been satisfied by me or my insurance provider.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Contact Person: Shannon Shelton 508-6776 or [shelton0731@cox.net](mailto:shelton0731@cox.net)**