

**AC FLORA CHEER
WINTERBLAST
CHEER CAMP**



REGISTRATION FORM

Child's Age: _____

Child's Name: _____

Address: _____

City, State, Zip: _____

Home# _____ Cell# _____

Email: _____

Parent/Guardian Name: _____
(Printed)

ADDITIONAL EMERGENCY CONTACT INFORMATION

Name: _____ Cell# _____

Relationship: _____

Allergies/Physical Restrictions:

My signature signifies that my child is approved by his/her medical provider to participate and meets physical requirements to participate in gymnastic and cheer activities. I further agree to hold Richland County School District One harmless from any injuries sustained as a result of participation in said activities.

_____/____/____
Signature Date

Referred by: Riley Potter
(Cheerleaders/Dancer Name)

**February 4th, 2017
9 am - 12 noon
AC FLORA GYM**

For Ages: 4yrs old to Rising 6th Graders

SPONSORED BY THE ACF Cheerleaders

COST: \$25

Questions: Contact Matt Rhine@466-8681cell

Email: ACFloracheer@yahoo.com

To register: Mail completed form and check made payable to AC Flora High School

You can register the day of as well

**Address: AC Flora Cheer Clinic, c/o Matt Rhine
203 Whispering Glen Circle West Columbia, SC 29170**