

Little Rams Cheer Clinic Registration Form



Name: _____

Age: _____

Phone Number: _____

T-shirt Size: _____

As the parent or legal guardian of _____

I hereby give my full consent and approval for my child to participate in the Little Rams Cheer Clinic. In addition to my full consent for my child's participation, I do hereby waive, release and hold harmless the organization, its coaches and representatives for any injury that may be suffered by my child in the normal course of participation.

Parent or guardian signature

Please list any physical limitations (allergies, hearing, sight, etc.)

Cost: \$25 (which includes a camp t-shirt and admission to the football game).

Please make checks payable to Bluefield College. Submit payment and registration form to Sara Goodson, 428 Brandon Drive, Bluefield, VA 24605.