

CHEERLEADING

FALL CHEERLEADING CLINIC

Carroll County Community Center

Wednesdays
5:00-6:00 pm **Sept 5 - 26**

\$25-Members \$30-Nonmembers
(\$10 late fee after 9/1/18)

Please return registration form and payment to Carroll County Community Center

Name: _____ Age: _____ as of September 1, 2018

Member: Yes No

Gender: Female Male

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Registration Information

In consideration of accepting my entry, I do hereby for myself, my heirs, executors, administrators and assigns, waive and release all claims, damages, which I may have or which may hereafter accrue to me against the Carroll County Community Center, its sponsors, representatives or assigns for any and all damages which may be sustained and suffered by me in connection with my association with or participation in the program. I attest I am physically fit and have full knowledge of the risks involved in the program. Participants and members involved in activities and classes give permission for use of their name, photograph, or other likeness of themselves, their oral or written statement; or other aspects of their personalities in whole or part for advertising or similar purposes. They give consent voluntarily and without expectation of any remuneration or reward and waive all rights to any such remuneration or reward.

Parent/Guardian Signature: _____

CCCC ♦ 908 E Columbia St ♦ Flora, IN 46929 ♦ (574) 967-4449

Facebook.com/cccflorea

www.carrollcountycommunitycenter.com

For Office Use Only

Payment Type: __cash/ __check# _____ Amount \$ _____ Staff Initials: _____ Date _____