

# CHEERLEADING

## FALL CHEERLEADING 6-WEEK CLINIC

Carroll County Community Center

TUESDAYS

# SEPT 6 - OCT 11

4-6 yr olds  
5:15-6:00 pm

7-11 yr olds  
6:15-7:15 pm

**\$15-Members      \$30-Nonmembers**  
**(\$10 late fee after 9/5/16)**

*Please return registration form and payment to Carroll County Community Center*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ as of September 1, 2016

Member: Yes  No

Gender: Female  Male

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

T-Shirt Size:    YXS(2-4)    YS(6-8)    YM(10-12)    YL(14-16)    Adult S    Adult M    Adult L

### 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 ♦ (547) 967-4449  
www.carrollcountycommunitycenter.com

### For Office Use Only

Payment Type: \_\_cash/ \_\_check# \_\_\_\_\_ Amount \$ \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date \_\_\_\_\_