

MCINTOSH HIGH SCHOOL MINI CHEER CAMP

COMMUNITY SCHOOL REGISTRATION FORM

(Please Print)

Camp Name:		Camp Date:	
CAMPER INFORMATION			
First Name	Last Name	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL T-shirt size <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL	
Parent /Guardian Names		Rising Grade Fall 2018	Age: Gender
Street address:	Mom Cell phone	Dad Cell Phone	
City:	State:	ZIP Code:	
Allergies (Diabetic or Epi-pen) or Special Needs/Concerns Information			
Name of friend attending camp (while we cannot guarantee placement of multiple friends, we try to honor one placement request. Campers are grouped based on age/grade for ability and safety reasons)			
Are you participating in the Chieffettes mini-camp? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email address			
How did you hear about camp? <input type="checkbox"/> School <input type="checkbox"/> Facebook <input type="checkbox"/> The Citizen <input type="checkbox"/> Fayette Womens Mag <input type="checkbox"/> Wesbite <input type="checkbox"/> Friend <input type="checkbox"/> Other			

PHOTO/VIDEO RELEASE

I agree to grant FCBOE and its authorized representatives permission to record on photography film and/or video, pictures of my child's participation. I further agree that any of all of the material photographed may be used, in any form, as part of any publications or other printed materials used to promote MHS Cheer, and further as such use shall be without payment of fees, royalties, special credit or other compensation.

Printed Name of Parent/ Guardian

Signature of Parent/Guardian

EMERGENCY WAIVER FORM

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship	cell phone no.:	Work phone no.:
I the undersigned parent or guardian acknowledges that participation is voluntary and agrees to waive and release any and all rights and claims for damages against the Fayette County Board of Education and all employees and members of the same, for any injuries or damages. By signing the release, the parent/guardian consents to such participation and also verifies that adequate medical insurance is in effect during the period. In the event of an emergency, and I cannot be reached, I give the Community School authorities permission to seek immediate medical attention for my child.			
_____ <i>Patient/Guardian signature</i>		_____ <i>Date</i>	

Refund and Cancellation Information

Community School classes only, (this does not apply to Driver Education classes). You may cancel your registration 48 hours prior to class but no refunds once the class has started. (Fundraisers are non-refundable)

Personal checks are accepted; must provide your Georgia Driver's License number on the check along with two phone numbers. (check will not be accepted without this information). Checks cannot be written over \$300. Payment is to be received within five (5) business days. Make checks payable to: FCBOE

Forms of Payment: VISA MasterCard Cash Other