



**Cheerleading Camp 2009  
Registration Form  
(Deadline is June 15, 2009)**

Camper Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ (H); \_\_\_\_\_ (Emergency #); \_\_\_\_\_ (Cell #)

E-Mail Address: \_\_\_\_\_

List Any Allergies:

\_\_\_\_\_  
\_\_\_\_\_

T-Shirt Size: Youth Small\_\_\_\_ Youth Medium\_\_\_\_ Youth Large\_\_\_\_

**Waiver:** I hereby release and discharge Belin Memorial United Methodist Church from any and all liability or medical expense which may occur as a result of my child's participation in the Summer Cheerleading Camp. I understand that Belin Memorial United Methodist Church does not provide medical insurance for participants in this activity. I further give permission for medical attention to be obtained for my child as necessary.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**Camp Dates: July 6-12, 2009**

**Time: 9:00 a.m. – 12:00 Noon**

**Cost: \$50.00 per child**

**Please remit Registration Form with camp fee to:**

**Belin Memorial UMC – Cheerleading Camp**

**P.O. Box 528**

**Murrells Inlet, S.C. 29576**

**Due to limited space, camp fees MUST accompany your registration  
to secure placement in camp.**

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