

CHILD INFORMATION: (ONLY ONE CHILD PER REGISTRATION PLEASE):			
CHILD'S NAME:			
MAILING ADDRESS:			
CITY:	STATE:		ZIP CODE
CHILD'S AGE (AT TIME OF CLINIC):			
CHILD'S T-SHIRT SIZE (CIRCLE ONE): ANY SPECIAL MEDICAL INFORMATION IN ALLERGIES, OR OTHER ALLERGIES. PLEAS	ISTRUCTION SHOULD KNO	W (INCLUDING AL	L KNOWN MEDICATION, FOOD
PARENT/ GUARDIAN INFORMATION			
PARENT/ GUARDIAN NAME:			
EMAIL ADDRESS: (please write clearly *			
CELL PHONE:	HOME PHONE:		
EMERGENCY CONTACT (OTHER THA	N NAME ABOVE, AUTHO	RIZED FOR PICK	UP CHILD OR TO CALL IN
AN EMERGENCY). PLEAS NOTE THAT	WE WILL ALWAYS CALL	PRIMARY PARE	NT/ GUARDIAN FIRST:
NAME:	DAY PHON	E:	
Referred by: (please list Myers Park they would like to be in a group tog			
WAIVER: In consideration of the accepta	ance of this entity for my c	hild, I hereby wai	ve and release Charlotte
Mecklenburg Schools, Myers Park High S		-	
this event of all responsibility and liabilit	=	= '	•
participating in activities for which he/s my child's picture in any telecast, broade	•	• •	
will be used exclusively by Myers Park H		· -	= :
any other programs and will not be shar	•	or sharing related	a morniation regarding tills of
Parent/ Guardian Signature:		DATE	•

Arrive dressed in clothing appropriate for exercise including proper tennis shoes with hair pulled back.

NOTES FOR CAMP WEEK/ DAY:

- We will provide a healthy snack to each camper during each day at around 10:30 excluding Thursday (showcase day). Please make sure to list any relevant food allergies above. No need to bring lunch boxes!
- Water will be provided, and a few breaks will be taken to ensure proper hydration. You may also want to bring a labeled water bottle of your own if you'd like.

*You are welcome to pay with cash or check. Please make checks payable to "The Mustang Club" PLEASE COMPLETE THIS APPLICATION AND MAIL IT WITH YOU \$100 WEEK OR \$30 PER DAY PAYMENT TO:

Myers Park High School Cheerleading Attn: Kristin Jones

2400 Colony Road Charlotte, NC 28209