

Please circle one: I agree/do not agree to have my child's photograph posted on Chiles Cheer Social Media.

MEDICAL RELEASE: I do hereby give consent for personnel and agents of the Chiles Cheer Camp to call for, administer and/or obtain medical attention for my child in an emergency. I also hereby release personnel and agents of the Chiles Cheer/Lawton Chiles High School from any liability and/or damages as a result of participation in the camp. I also waive all rights of Entitlement concerning such loss.

Parent signature _				Date	9		
T-shirt Size	Y Small	Y Medium	Y Large	Adult Small	Adult Medium	Adult Large	
Please circle one	If your registration is not received by October 1 st , your child <u>may not</u> receive a t-shirt <u>OR</u> may not receive her selected size in the t-shirt.						

Please fill out a separate registration form for each participant. If you have any questions, please contact TimberwolvesCheerCamp@gmail.com.

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