

**JR. CHEER CAMP 2010**  
**JULY 26-30, 2010 — 9:00 A.M.-12:00 P.M.**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Day-time Phone (\_\_\_\_) \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

“I am hereby giving my consent for my child to participate in Junior Cheer Camp for this week of July 26-30, 2010. I am also aware that these activities are carefully arranged and adequately supervised by adults under the leadership of Coach Lori Key. I give permission for my child to be included in all activities associated with the Peoples Baptist Academy Junior Cheer Camp. Furthermore, I extend the medical permissions to govern emergencies in which my child may be involved during this camp.”

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

*For office use only*

Amount Paid \_\_\_\_\_ Payment Form \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_

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