

# BELLBROOK CHEER JAM

## REGISTRATION FORM & MEDICAL RELEASE INFORMATION

*\*Camp T-shirt guaranteed if registration is received **before June 18th***

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Cell #: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Any known Allergies: \_\_\_\_\_

Tank Top Size (YS, YM, YL, AXS,  
AS, AM, AL, AXL): \_\_\_\_\_

**\*\*Please indicate\*\* Youth Size or  
Adult Size (ex: YM or AS)**

***Mail registration, photo release form and money to:***

Bellbrook Cheer Moms Association  
Holly Levine  
1421 Soaring Heights  
Dayton, Ohio 45440

***CHECKS PAYABLE TO: BELLBROOK CHEER MOMS ASSOCIATION***

**In Case of Emergency:** (please print legibly)

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_  
(option 1) (option 2)

**\*\* REQUIRED \*\***

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Responsible Party's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **BELLBROOK CHEERLEADING**

## **INTERNET PHOTO RELEASE**

Bellbrook High School Athletics has my permission to use my daughter(s)/son(s) photo and name on their site to promote the Bellbrook Cheerleading Program.

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Parent Signature

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Student Signature