

DMC Junior Cheerleading Clinic 2015

Student Name: _____ Grade: _____

Teacher's Name: _____

Student Allergies: _____

*****If your daughter has food allergies, please send a safe snack for her each day of practice.***

T-Shirt Size: _____ Youth Small _____ Youth Medium _____ Youth Large

_____ Adult Small _____ Adult Medium _____ Adult Large

My student is registered for and should report to after-school care (circle one): Yes --or-- No

Parent's Name: _____ Phone Number: _____

E-mail: _____