



BEHS CHEERLEADING CLINIC

Bamberg-Ehrhardt High School Gym

June 10 - June 13

2:00 - 4:30 PM

\$45.00

*Performance

JUNE 13 AT 4:00 PM

Please complete and return with your child on June 10th.

Checks should be made payable to BEHS Cheerleaders.

Name _____ Age _____ Grade _____

Parent Name _____ Number _____

Person to contact in case of an emergency _____

Contact # _____ Contact # _____

Shirt Size: YS YM YL AS AM AL AXL

_____ has my permission to participate in BEHS' 2019 Cheer Clinic. I understand that neither Bamberg-Ehrhardt High School nor the Bamberg-Ehrhardt Cheerleaders will be held responsible for injuries that may occur during this clinic.

Parent Signature _____ Date _____