RiverKrewe Tumble and Cheer

Summer Camp

2801 Sundorn St., Jefferson, La, 70121, (504)881-7256

REGISTRATION FORM (Please Print)

| Athlete: | | DOB: | | |
|---|---|--|--|--|
| Medical Conditions: Allergies-Ast | nma-Back-Brain-Broken | Bones-Diabetes-Head- | Heart-Knee-Mental-S | pinal-Sprains-Surgery |
| Other Medications Medical Insurance | | Doctor's Name | | |
| *Parent/Guardian Name | | Parent/ Guardian N | ame | |
| Phone | | Phone | | |
| *E-Mail | | | | |
| *Address | | | | |
| *AddressStreet | | City | State | Zip |
| Emergency Contact (other than listed above) Name | | e | Phone_ | |
| Sessions: Check weeks: | · | · | | |
| May 27-30 June 9-13 | | | | |
| June 2-6 | June 16-20 | | July /-11 | |
| T-shirt size: Child small | Child medium | Child Large | Adult Small | Adult Medium |
| ATHLETE RELEASE: Since undersigned, do, hereby relieve and employees from any liability activities, birthday party, cheer I certify the above athlete(s) are activities | Uptown Tumble and C ty for any accident white leading, meets or any c | Cheer LLC, RiverKr ch might occur while other program held a | ewe, Julie DuPree D e participating in an ffiliated with Uptow | eSantis, all coaches, y of the program n Tumble and Cheer. |
| Parent / Guardian | | | Date | |
| | Signature | | | |