

# Youth Cheerleading Camp Permission Slip

## Camper Information

Participant's Name

Age

Grade

Address

## Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email

## Emergency Contact

Emergency Contact Name

Emergency Contact Phone

Relationship to Participant

# Medical Information

Allergies or Medical Conditions

Medications

# Permission & Agreement

I hereby give permission for my child to participate in the Youth Cheerleading Camp. In case of emergency, I authorize the camp staff to secure proper medical treatment for my child as needed.

Parent/Guardian Signature

Date