

Cheer Clinic Registration 2023

Cheerleader Name _____ Teacher _____

➡ T-Shirt Size (Circle One) YM YL AS AM AL

➡ I plan to pick up my child at the following location (Circle One) BYH CARLINE

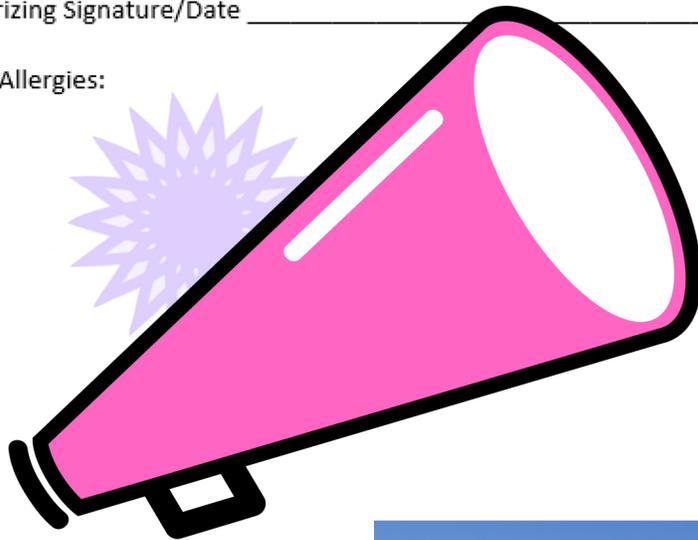
➡ I give my consent for the above named student to participate in the PCS Cheer Clinic/Football Game.

➡ I give my consent for the registration fee of \$85 to be billed to my family account via Smart Tuition.

Name on Family Account _____

Authorizing Signature/Date _____

Health Restrictions/Allergies:



Questions? Contact Ms. Johnson
LJOHNSON@PCS.SCHOOL

All fees are non-refundable

