



UPWARD CHEER CAMP

1st-8th Grade Girls ~ \$25.00 Registration Fee
Fee includes a T-Shirt!

Learn Cheers & Chants! Meet other Cheerleaders!
Put your skills to work Saturday, August 7th
at the Gladstone Chautauqua Day Parade!

Friday, July 30th - 6:30 pm - 8:30 pm

Registration and introductions for coaches and cheerleaders

Saturday, July 31st - 10:00 am SHARP! – 3:00 pm

Please bring sack lunch - we will provide drinks and an afternoon snack

To get Registration Forms:

- visit www.tcbt.org and download the pdf forms
- visit the church office Monday-Friday 9am-4pm
- call the church office and request by mail

REGISTRATIONS, FEES AND COMPLETED MEDICAL RELEASE

FORMS MUST BE RECEIVED BY: JULY 23rd

Please include Check or Money Order made payable to TCBT.

Mail to:
Tri-City Baptist Temple
C/O Mandy Bissonnett
Upward Cheer Director
PO Box 787
Gladstone, OR 97027

Bring to the Church Office:
Tri-City Baptist Temple
C/O Mandy Bissonnett
Upward Cheer Director
18025 Webster Rd.
Gladstone, OR 97027

For more information, please contact:
Mandy Bissonnett mandyjob@comcast.net
Linsey Miller linseytuttle5@yahoo.com

To get Registration Forms:

- visit www.tcbt.org and download the pdf forms
- visit the church office Monday-Friday 9am-4pm
- call the church office and request by mail (503) 655-9326 x.16

www.tcbt.org



REGISTRATION DEADLINE: JULY 23rd

Tri-City Baptist Temple - MEDICAL RELEASE FORM

Date of Activity: July 30 & 31, 2010; August 7, 2010
Purpose of Activity: Upward Cheer Camp & Performance (1st-8th Grade)
Person in charge of Activity: Mandy Bissonnett, Cheer Director

Tri-City Baptist Temple
PO Box 787 – 18025 Webster Rd.
Gladstone, OR 97027
(503) 655-9326 www.tcbt.org

(Please print or type)

Child's Name: _____ Age: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent or Guardian's Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone #1: _____ Cell Phone #2: _____

Medical Insurance Company: _____ Policy Number: _____

Name of Policy Holder: _____ Date of last Tetanus booster: _____

Name of Family Physician: _____ Phone: _____

Name of Family Dentist: _____ Phone: _____

Please state any restrictions, physical impairments and necessary limitations of activities: _____

Please state any known allergies: _____

List any current prescription medications: _____

Pertinent medical history (i.e. diabetes, asthma, heart problems, seizures, etc.): _____

In the event that a parent/guardian cannot be reached, who should be called?

Name: _____

Relationship to Child: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

I understand that photographs and videos of my child may be taken while at this activity/event and will allow them to be used in any TRI-CITY BAPTIST TEMPLE publications. I understand that publication of these photographs and videos may be accomplished in print or electronically via the internet, and that after publication the church will be unable to prevent persons from gaining access to and subsequently using, altering, or republishing them without my consent. I waive any claim for damages against the church from such use, alteration, or republication of these photographs and videos by third parties.

In case of an emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician or dentist selected by the church staff or sponsor to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above.

Signature of Parent/Guardian

Date

Upward Cheer Day Camp Registration Form

Friday, July 30, 2010
6:30 PM - 8:30 PM
Saturday, July 31, 2010
10:00 AM – 3:00 PM

Name _____ Phone: _____

Address: _____ Cell Phone: _____

_____ Emergency Contact: _____

Age: _____ Grade: _____ Email Address: _____

T-Shirt Size: _____ Cheer experience: _____

Mothers Name: _____ Fathers Name: _____

Name of adult/adults authorized to pick up your child on Friday and Saturday Nights:

Allergies? Yes _____ No _____

If yes, please provide specifics: _____

Would you be interested in receiving information about our 2011 Upward Cheer Season?

Yes _____ No _____

Please complete this form AND a medical release form.