

By signing, I give permission for my child (listed below) to attend Spirit Squad at St. Juliana School. If needed, I give permission for emergency medical care to be administered by the nearest emergency facility. I understand that if an emergency should arise, I will be immediately notified. I agree there will be no refunds except if class is canceled by St. Juliana School. Program fee is \$25 per student due BEFORE the first class date. Please make checks payable to St. Juliana School and return payment and completed form to the school office. Please complete one form per student.

Parent Signature:	
Student Name:	Parent Name:
Grade: Phone 1: _ ()	Phone 2:()
E-mail:	Check #: Amount: _\$
Transportation after class (circle one): Walk	Parent Pick-up Day Care

** Practice uniform is school PE shorts and top. Bring a fresh water bottle to practice.

A T-shirt, megaphone or pom-poms will be provided. An indoor practice facility is available, if needed.