

*Register by October 17th for guaranteed t-shirt.

*Checks payable to Linn-Mar Poms

COMPLETE A	ND MAIL/DELI	VER TO H	IIGH SCHOOL:
3111 NORTH	TENTH STREET	T ATTN: J	OYCE DAYTON

NAME:	GRADE:
PARENT NAME:	CONTACT:

T-SHIRT SIZE: YS YM YL AS AM AL

Il understand that personal medical insurance for this camp is the obligation of each individual participant. I hereby authorize the instructors of the Linn-Mar Varsity Poms to act accordingly in their best judgement and provide medical attention to my daughter/son or ward in the event of injury/illness. I hereby release Linn-Mar High School and the employees of the Linn-Mar Pom team from all claims resulting from injuries that may be sustained while my daughter/son is attending this camp.