

Cheerleading Summer School

Summer School Application (cash/chq)

Name

D.O.B

Address

.....

Telephone Number

Contact Name

2nd number for use
in emergency

Contact Name

Medical Information: Please give any information which will be used in strictest confidence re allergies, medications, old or recurring injuries

I Parent/Guardian of cheerleader
..... give consent for him/her to participate in the summer school programme Monday 16th to Thursday 19th July in Girls Model School, Belfast.

I understand that appropriate cheer clothing **MUST** be worn for safety and hair to be tied back. Fashion clothing and footwear are not permitted.

Please delete as appropriate:

I have enclosed the full amount of £60

I have enclosed a non -refundable deposit of £20 to secure my child a place and agree to pay the full balance before or on the first day of the summer school.

Cheques payable to N.I.A.S.T.

Return to Mrs Karen Graham c/o Joey Dunlop Leisure Centre 33 Garryduff Road Ballymoney BT53 7DB (mark your envelope UKCA Summer School)

Failure to pay at admission will result in non admittance.

****Credit or debit card applications can be made online at www.ukca.org.uk****



Book Now! www.ukca.org.uk