2025 BROWN COUNTY FAIR

CHEERLEADING COMPETITION ENTRY FORM

NAME OF SCHOOL				
STREET ADDRESS				
CITY		STATE	ZIP	
COUNTY				
NAME OF CHEER SQU	AD		AGE	
RANGE OF SQUAD M	EMBERS (PEE WEE SQUADS)	NAME OF	
ADVISOR	PHONE (_)	HOME ADDRESS	
			CITY	
		STATEZIP _	NUMBER IN	
SQUAD	EMAIL			
	CIRCLE WHICH CLA	SS YOU ARE ENTERING:		
VARSITY MOUNT MS/IR HIGH CHEER		VARSITY GAME DAY	OPEN CHEER	
	PEE WEE CHEER	MS/IR HIGH GAME [DAY PEE WEE GAME DAY	
I have read and agree of the designated chee release forms for all sc	to adhere to the rules and regular/ to adhere squad. I also understa guad members are enclosed w	ulations of this competition. and my entry will not be acc ith signatures.	per squad per class. I verify that our entrants are members cepted unless the entry fee and medical	
Principal's Signature			Advisor's Signature	
	MEDICAL TREATMEN	T AND LIABILITY FORM		
I, the undersigned pa	arent or legal guardian, do h	nereby grant my permissi	on for my daughter/son	
that my daughter/so authorize the person or illness during this	n may receive the necessary nel of the competition to ob- competition and hereby ho understand the decision of	y medical treatment in th Itain medical treatment f Id the personnel and repi	ir cheerleading competition. In order the event of any injury or illness, i hereby or my daughter/son for such injury or my daughter/son for such injury resentative harmless in the exercise of mpetition is left to their discretion and	
PARENT OR LEGAL G	UARDIAN SIGNATURE	 DATE		
ADDRESS		DATE		
ADDRESS HOME PHONE ()		WORK PHONE ()		