



MHS CHEER CLINIC REGISTRATION FORM – COST \$20 PER STUDENT

STUDENT'S NAME _____

ADDRESS _____

(PARENT) DAY PHONE () _____ **CELL PHONE ()** _____

BIRTH DATE _____ **CURRENT AGE** _____

ANY PREVIOUS CHEER EXPERIENCE? _____

IF SO, WHERE? _____

SCHOOL ATTENDING _____

ANY PHYSICAL LIMITATIONS? IF SO, EXPLAIN _____

WHO TO CONTACT IN CASE OF EMERGENCY?

NAME _____ **PHONE** _____

RELATIONSHIP TO STUDENT? _____

MEDICAL INSURANCE COMPANY _____

POLICY NUMBER _____

I give the above named permission to participate in a Cheer Clinic hosted by the Medford High School Cheerleaders. Also, the above named child (his/her legal guardian or parent if under eighteen years of age) agrees to indemnify and hold harmless the MHS Cheerleaders, its coaches, staff, athletic director, and Medford High School, from and against any and all liability, claims, suits, damages, losses and expenses, including attorney fees, threatened or incurred, and arising from the child's participation in this cheer clinic, or by reason of any injury or any damage to said child or to any person or property occurring during said participation, or from any cause whatsoever. I fully realize that cheerleading activities at Medford High School, can be dangerous and could result in serious injury and freely assume that risk. In an event of an emergency, I give permission for Medford High School to give my child simple first aid and to arrange for transportation to a hospital and receive emergency medical treatment. I will assume all costs for medical care. The above named child IS physically able to participate in activities without limitations (unless otherwise stated). It is the responsibility of the parent/guardian to let us know of any physical limitations. Signing this sign up sheet means you agree with this policy.

PARENT SIGNATURE & DATE _____