

2nd Annual Cheerleading Mini Camp Hosted by the G-CHS Cheerleaders

Registration Form

Name: _____ Grade: _____

Phone: _____ Address: _____

Email: _____

Shirt Size: Youth: S M L XL or Adult: S M L XL (Circle One)

YES or NO—Basic tumbling and stunting: Please circle YES if you would like for your child to participate or circle NO if you would like for your child to learn a dance routine instead.

Please return this completed and signed form to Attn: Rebekah Cerqua Cheerleading Coach; Greenfield Central High School, 810 North Broadway St., Greenfield, IN 46140. Please include your nonrefundable registration fee of \$50 payable to G-CHS; Memo Cheer Mini Camp

G-CHS Cheerleading Mini Camp Medical and Liability Release:

_____ elects to take part in the G-CHS Cheerleading event, which is sponsored by the G-CHS Cheerleading squad. I/We understand that our son/daughter is required to be in good physical shape and condition and that the activities, which he/she will be asked and expected to participate in, are strenuous and require physical and athletic agility. I/We understand that cheerleading is an activity in which the risk of injury is high; that any one of the routines involving our son/daughter's participation in cheerleading activities in general could lead to serious injury, including partial or total paralysis, even death. I/We have also discussed this with our child and among ourselves. Despite this understanding of the possibility of serious or catastrophic injury or death and the risks involved, we still consent to the participation in this activity by our son/daughter. I/We represent to that, to the best of our knowledge and belief, our son/daughter has no physical, medical, or mental disability or other limitation that would restrict his/her ability to fully participate in this activity.

I/We agree to, and by the signing of the agreement, release the coaches, volunteers, staff of Greenfield Central High School, and the Board of Education from any claim of negligence by ourselves, our son/daughter, our heirs, executors and assigns, from any liability arising from claims for damages for injury to our son/daughter and any claims for loss or damage to his/her property which may arise out of his/her participation in the Greenfield Central High School Cheerleading Mini Camp on June 3-5, 2014.

I/We further acknowledge that the above individual is covered by health insurance the particulars of which are described below. I hereby agree that we are responsible for any required medical treatment, and give permission for my child to receive medical treatment in the event that I am unable to be contacted. In order that participant may receive necessary treatments, I hereby hold Greenfield Central High School and their Cheerleaders, and coaches harmless in the exercise of this authority.

Name of Participant: _____ D.O.B. _____

Address: _____

Parent Name: _____ Phone: _____ alt: _____

Medical Insurance Carrier: _____

Address of Carrier: _____ Policy Number: _____

Emergency Contact Name and Phone: _____

State any pre-existing conditions, allergies, medications, etc.: _____

Parent/Guardian Signature: _____ Date: _____