

2015 Junior Cheer Camp Registration

NAME: _____

GRADE: _____ SCHOOL: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN PHONE NUMBER(S): _____

EMAIL ADDRESS: _____

(Please print legibly, this email will be used to confirm registration)

T-Shirt Size (circle one)

Youth: Small	Medium	Large
Adult: Small	Medium	Large

Pay before July 31st - \$110
AFTER July 31st - \$125

Today's Date: _____

Amount Enclosed (circle one): \$110 \$125

SEND FEE AND FORM TO:
 Edmonds Woodway High School
 Attn: Allyson Schofield/Pam Daines
 7600 212th St. SW Edmonds, WA 98026



Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2015 Edmonds-Woodway Junior Cheer Clinic, I hereby acknowledge that I have read, understood, and agree to the following:

- I acknowledge that the sport of cheerleading entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being. _____ (Parent initial)
- I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. _____ (Parent initial)

Medical Information

The following special health concerns should be noted: _____

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

_____ Phone: _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed.

Name of Preferred Doctor _____ Phone: _____

Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that **the Edmonds School District requires but does not provide medical insurance for my child.** I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: _____

Plan Number (required): _____

All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office, head coach, or school athletic trainer for information.

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 Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give permission for

_____ who attends _____ to
 (Student) (School)

participate in the Edmonds-Woodway Junior Cheer Camp, August 24-27, 2015 for the purpose of practicing fundamental cheer skills in order to enhance skill and performance level.

Parent/Guardian Signature _____ Date: _____