Junior Cheer Clinic Registration Form

NAME _____.

GRADE _____**SCHOOL**_____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN PHONE NUMBER(S) _____

EMAIL ADDRESS: _____
(registration confirmation will be emailed)

If you register BEFORE November 20 registration fee is $25
AFTER November 20 and walk-in fee is $30

Total Amount Enclosed (circle one) **$25** **$30**

PLEASE MAIL or BRING REGISTRATION/RISK FORM WITH CLINIC FEE TO ADDRESS BELOW

Make Checks Payable to "ESD"

Mail –Send check & form to:
EWHS Cheer
C/o Brianne Sturm
23225 89th Ave W
Edmonds, WA 98026

In Person – Turn in completed form to the EWHS ASB Office (Pam Daines) Located across from the Great Hall

Official use only

Method of payment: Cash $ Check # _____

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2012 Edmonds-Woodway Junior Cheer Clinic, I hereby acknowledge that I have read, understood, and agree to the following:

1. 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)
2. 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 problems 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.

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 Clinic, December 1, 2012 for the purpose of practicing fundamental cheer skills in order to enhance skill and performance level.

Parent/Guardian Signature _____ **Date:** _____