

Middle School Cheer Clinic 2016

Held By The Meadowdale Cheer Squad



Our cheer clinic is intended for kids in grades 6th-8th that are also in the Meadowdale High School feeder schools. Please fill out the below questionnaire, the assumption of risk release, payment by check for the clinic, and return to **Meadowdale HS, 6002 168th Street SW Lynnwood, WA 98037**. All checks must be payable to Edmonds School District. For any and all questions, please contact Julie Stack at stack.up@frontier.com

Child Name: _____ Grade: 6th / 7th / 8th (circle one)

Age: _____ Address: _____

Parent Name or Emergency Contact Name: _____

Parent/Emergency Contact Phone Number: _____

If registered by or before June 1st, your child will receive their clinic shirt and pom poms for free! Please indicate your t-shirt size:

S M L XL XXL (Circle one. Shirt sizes are adult sized)

*If registered after June 1st, t-shirts may be available for purchase on registration day. T-shirt and pom pom combo are \$15 for the set.

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2016 Meadowdale High School 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 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 Meadowdale Cheer camp June 27-30 2016 for the purpose of practicing fundamental cheer skills in order to enhance skill and performance level, and have fun!

Parent/Guardian Signature _____ Date: _____