

MAVERICK CHEER CLINIC



Saturday, June 6th 9AM - 1PM

Open to Girls and Boys in Kindergarten through 8th Grade

Learn basic motions, jumps, and dance techniques from the Maverick Cheerleaders.

Bring a sack lunch and wear comfortable shoes!

Registration is \$40 per child, and includes:

The clinic, a t-shirt, A HANDMADE CHEER BOW, and a performance for the families at 12:45!

Walk-in registration will be \$50.00 the day of the clinic,

Register by MAY 11th and SAVE \$\$\$!

Mail or bring your completed registration/medical release form along with \$40 to:
Cheer Clinic c/o Meadowdale High School, 6002 168th St. SW, Lynnwood, WA 98037

(Make checks payable to Edmonds School District)

Questions? Contact Coach Kimberly at berryk@edmonds.wednet.edu



REGISTRATION/Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2015 Kid's Cheer Clinic sponsored by the Edmonds School District, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that 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: _____

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**

(Student)

_____ **and is in the** _____ **grade**

(School)

(grade#)

to participate in the 2015 Kid's Cheer Clinic on Saturday, June 6th 2015 for the purpose of practicing fundamental cheer skills in order to enhance skill and performance level.

Parent/Guardian Name _____

Home Phone _____

Address _____

Work Phone _____

Parent/Guardian Signature _____

Date _____