WSHS CHEEK

Registration Form Mini Cheer Camp

Participant Name:	age:	
Address:	Citv:	
State:Zip:	0	
School:	grade:	
Parent/Guardian Information		
Parents Name:		
Address: Zip: Phone:	Criy Cell:	
Alt:		
E-mail		
address:		
Allergies:		
<u>Emergency Contact (other than Parent)</u>		
Name:	Phone:	
Relationship to child:		
T-Shirt Size (circle): YS YM YL AS AM AL		

- Registration forms and payment can be mailed to Melinda Fredricks 3037 37th Ave SW Seattle 98126
- Make checks payable to WSHS Cheer and staple to registration
- Cost is \$55 per participant.

Release from Liability/Emergency Authorization

I, the parent/guardian of______, in consideration of his/her participation in classes run by WSHS Cheer, acknowledge that I understand the serious risk inherent in participation in cheerleading (including the risk of partial/complete disability, paralysis or death). I recognize that it is my responsibility to discuss these risks with the child and understanding that these risks cannot altogether be eliminated. I on behalf of myself, heirs/executors or other representatives, voluntarily wave and release all rights and claims for damages that I or my child may have against WSHS Cheer, its officers and employees. I authorize WHSH cheer staff to take whatever emergency medical measures are deemed necessary or to the protection of my child while in the care of Onyx, including calling emer- gency help for transportation to a hospital or clinic.

Parent/Legal Guardian Signature

Date	/	/