

NCHS Mini Cheer Clinic

ALL Registrations Requested by January 15th

PLEASE PRINT LEGIBLY

Participant's Information

Name: _____

Address: _____

City: _____

Home Phone: _____

E-mail Address(es): _____

Print Father's/Guardian's Name and Cell Phone: _____

Print Mother's/Guardian's Name and Cell Phone: _____

EMERGENCY & MEDICAL INFORMATION

Doctor's Name: _____ Phone # _____

IN THE EVENT OF AN EMERGENCY, IF WE ARE UNABLE TO CONTACT YOU AFTER REASONABLE ATTEMPTS, WOULD YOU LIKE US TO CALL SOMEONE ELSE? (Y/N) _____

Emergency Contact Name, relationship, phone #s: _____

Special Comments or Considerations: _____

We, the parents/legal guardians of the above named child, hereby give our approval for her to participate in the Newark Catholic High School (NCHS) Mini Cheer Camp. In recognition of the non-profit nature of this organization, and in consideration of the training, direction, and supervision, we hereby agree to assume all risks and hazards incidental to such participation in such program, including, but not limited to: transportation to and from activities, injuries suffered in the normal course of playing the game, or during practice; and we hereby indemnify, agree to hold harmless, and covenant not to sue the local association and organization, sponsor, supervisor, their agents, staff, coaches, and assistants, and any and all other persons, transporting said child, except to the extent and in the amount covered by accident or liability insurance, if any.

NO REFUNDS

Parent/Guardian

Parent/Guardian

For more information or with questions, call NCHS Cheer Coach Crystal Fulk (740) 975-1519