

CHEER CLINIC REGISTRATION

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Name and Cell Phone \_\_\_\_\_

Parent Email \_\_\_\_\_ Payment Method (circle one) Cash/Check

T-Shirt Size (circle one) ys ym yl as am al

PARENT CONSENT

I hereby give consent for my daughter/son \_\_\_\_\_ to participate in the Merrimack High School Cheerleading Clinic on July 10, 2010.

Trained NHIAA coaches are present throughout the event to insure safety. Although great care is taken to avoid injury parents should understand that accidents and injuries may occur. By signing below I agree that in the case of an injury I will be responsible for any and all costs incurred for health care needed.

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
DATE

PHOTO CONSENT

I agree \_\_\_\_\_ disagree \_\_\_\_\_ that pictures taken of my child during the clinic may be used for future clinic promotions and/or on the MHS Cheerleading website.

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
DATE

SPONSOR EMAIL CONSENT

Thanks to our t-shirt sponsors, each child receives a free t-shirt if registered by July 1, 2010. I understand that I may receive an email promoting our sponsor's services and agree to be respectful in response to such email.

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
DATE