



Meadowdale HS Cheer Clinic

Grades K-6

October 21, 2016

MHS Main Gym 9-12

Participants get to cheer at halftime of the MHS Football game the same night!

Our clinic is intended for kids in grades K-6th that are also in the Meadowdale High School feeder schools. Please fill out the below registration, the Assumption of risk on the opposite side of this page, payment by check of \$45 and return to:

Meadowdale HS
6002 168th St SW
Lynnwood, WA 98037

All checks must be made to Edmonds School District. For any questions, please contact Julie Stack at stack.up@frontier.com.

Childs Name _____

Grade/Age _____

Address _____

Email _____

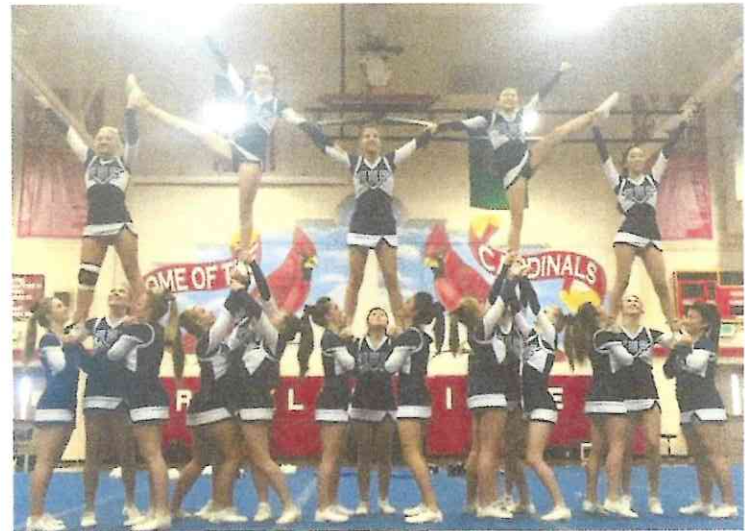
Parent name _____

Parent phone _____

T-shirt Size if registered by Oct 14th

YS YM YL S M

Clinic cost includes a tshirt and poms but tshirts size will only be guaranteed if registered by Oct 14th



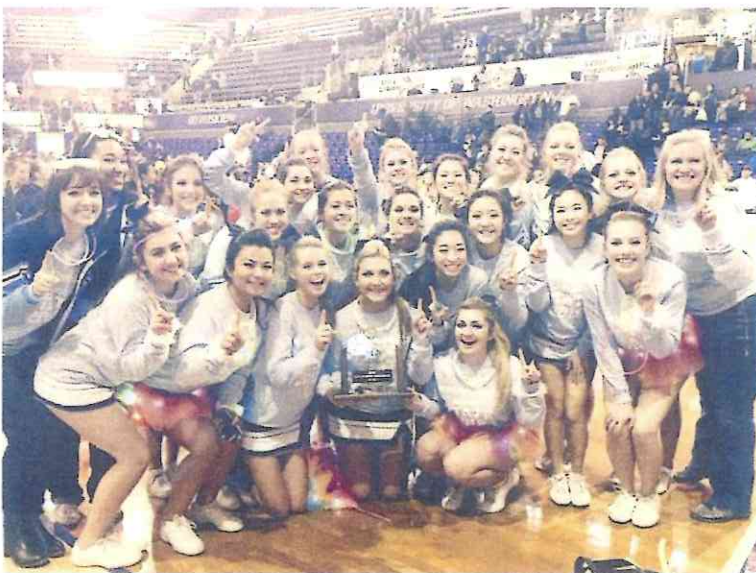
Come join the 2016 State Champion Meadowdale Cheer Squad to learn all the cheer basics including cheers, dance, jumps, stunts and much more. You will also get to come cheer on the sidelines with the squad that night at the home MHS football game.



Come have fun learning cheer with us!

Cost is \$45

Includes a tshirt, poms, clinic from 9-12, and cheering that evening at halftime of the High School football game against Edmonds/Woodway HS at Edmonds Stadium at 5:00PM



Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for the 2016 MHS 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 or 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 ESD 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 ESD 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.

Although I understand that the EDS will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give permission for

who attends

to participate in the MHS cheer clinic on Oct 21st 2016 for the purpose of practicing fundamental cheer skills.

Parent Signature Date