

Our clinic is intended for kids in grades K-8th that are only in the Meadowdale High School feeder schools. Please fill out the below registration, the Assumption of risk on the opposite side of the page, payment by check of \$100 and return to:



Meadowdale HS
6002 168TH ST SW
Lynnwood, WA 98037

Meadowdale HS Cheer
2017 Summer Kids Camp
Grades K-8th
July 24th-27th
MHS Main Gym 9am-12pm

All checks must be made to the Edmonds School District. For any questions, please contact coach Jade Perry at perryj153@edmonds.wednet.edu

Childs Name _____

Grade/Age _____

Address _____

Email _____

Parent Name _____

Parent Phone _____



Come join the Meadowdale Cheer squad to learn all the cheerleading basics including, cheers dances, jumps, stunting and much more! You also get to make and decorate your very own personal cheer bow!

The Edmonds School District does not sponsor or endorse the activity and/or information contained in this material.

Assumption of Risk/Permission to Participate
As a parent or guardian of a student requesting to register for the 2017 MHS Cheer summer camp, 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 risk 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 the 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 cost of all the 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 incase 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 a 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 _____

All participants are required to have insurance or student accident insurance. Student accident insurance is available through your school. Contact your school's main office.

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

_____ who attends

_____ to participate in the MHS Cheer summer camp on July 24th-17th 2017th for the purpose of practicing fundamental cheer skills,

Parent signature _____ Date _____

Come have fun learning cheer with us!

Cost is \$100

Includes poms, customized bow, four day clinic from 9am-12pm with the cheerleaders, and a performance on the final day at 11:30am!

