

# Amador Valley High School Cheer Clinic!

Participants Name: \_\_\_\_\_

School: \_\_\_\_\_

Age/Grade: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Doctor/Phone Number: \_\_\_\_\_

Dentist/Phone Number: \_\_\_\_\_

SPECIFIC ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

Other health concerns: \_\_\_\_\_

\_\_\_\_\_

## LIABILITY/ PARTICIPATION RELEASE

I understand that there are risks of physical injury (including but not limited to cuts, sprains, and broken bones) associated with, arising out of inherent to the activity taking place at this event.

I hereby agree to release AVHS Cheer Team harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in this event on behalf of the participant.

Parent/ Guardian Signature X \_\_\_\_\_

Date: \_\_\_\_\_