

KINDERGARTEN - 8TH GRADE

Pep & Cheer Clinic



\$50 FEE | TSHIRT & POMS

To sign up, mail in or drop off this form to
the main office at SJM: 1406 N. Fresno St.
Attn: Pep & Cheer Program **by**
SEPTEMBER 1

QUESTIONS? Contact:
Kassandra Patel: kpatel@sjmhs.org
Kim Hodges: khodges@sjmhs.org

CLINIC PRACTICE

Wednesday, Sept. 8 (5:30-7:30 PM)

Thursday, Sept. 9 (5:30-7:30 PM)

CLINIC PRACTICE LOCATION

SJM CAFETERIA

GAME DAY HALF TIME PERFORMANCE:

Saturday, Sept. 11 (Arrive by 6:15 PM)



Participant Information

Participant's Name _____ Grade _____

first

last

Address _____ Date of Birth _____

City _____ State _____ Zip _____

Current School _____ Gender: Male Female

Participant tshirt sizes: YOUTH ☐ S ☐ M ☐ L ☐ XL

ADULT ☐ S ☐ M ☐ L ☐ XL

Parents/Legal Guardian Contact

name

phone

email

☐ primary contact

name

phone

email

☐ primary contact

DIOCESE OF FRESNO PERMISSION TO PARTICIPATE IN A SCHOOL ACTIVITIES, RELEASE OF LIABILITY AND CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM

TO THE PARENT/LEGAL GUARDIAN: You must give permission on this annual form for your child to attend and participate in school-sponsored events and activities during this school year. You will also be required to sign permission forms for your child to participate in specific school-sponsored events, activities, and sports conducted off school grounds or outside the regular school day.

Name of Child	School Name
Name of Parent(s)/Guardian(s)	School Year
EVENT/ACTIVITY/SPORT SJM Panther Pep & Cheer Clinic	

My child is physically fit and capable of participation in this activity. I have told my child to follow the rules and instructions, given by school personnel or agents, chaperones, or diocesan personnel responsible for all school event and activity. I understand that participation in school-sponsored events and activities, including those off school grounds and outside the regular school day, involve some risk (including any travel to and from these events or activities) and that unforeseen events can occur. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the school.

In exchange for permitting my child to participate in this activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against the school. I release and discharge the school from all liability or responsibility from death, illness, personal injury, or property damage arising out of the school activity and any transportation involved with the school activity.

This permission, waiver, release, and consent applies to the school named, and to the Diocese of Fresno Education Corporation, The Roman Catholic Bishop of Fresno (a corporate sole), the Diocese of Fresno, all other Diocese of Fresno schools, all parishes, affiliated organizations, and their officers, clergy, agents, and employees.

Off-Campus Field Trip Information:

Destination of Event:	San Joaquin Memorial High School	
Departure Date and Time:	N/A	
Estimated Return Date and Time:	N/A	
Mode of Transportation:	N/A	Trip Fee (if applicable)

Continued on reverse side.

Parent/Guardian Names:		
Mother:	Father:	
Daytime Phone Number(s) of Parent/Guardian		Nighttime Phone Number(s) of Parents/Guardians
Mother:	Father:	Mother: Father:
Cell Phone/Pager		Child's Date of Birth
Mother:	Father:	
Emergency Contact Other than Parent or Guardian		
Relationship:		Telephone Number
Allergies (foods, drugs, insects etc.)		
Medications (name, dosage, reasons)		
Other information or Special Health/Physical Considerations (Attach extra sheet if necessary)		
Insurance Carrier		Insurance Group or ID Number
Name of Child's Doctor		Phone Number
Name of Child's Dentist		Phone Number
Name of Child's Orthodontist		Phone Number

In the event of an emergency, and if the school is unable to contact me, I authorize school personnel or other adult leadership of a school-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly license physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the Diocese of Fresno will not be responsible to pay for any medical or dental expenses. A copy of this form shall be valid as the original and may be given to the adult leader of the activity.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

FOR OFFICAL USE ONLY	Date Form Received by School	Received by
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