

Pelican Spirit Cheerleading Clinic Registration Form

Participant Name: _____

Grade Level: _____ Age: _____

What Do You Want to Learn at Camp? _____

T-Shirt Size: Youth Sizes **YXS** **YS** **YM** **YL** **YXL**
 Adult Sizes **S** **M** **L** **XL** **XXL**

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

◆ The **Pre-Registration** due date is **Friday, January 24th** ◆

◆ **WALK-INS** on the day of the clinic **ARE WELCOME** ◆

◆ Please send all payments and forms to school in an envelope,
attn: Camille DeBenedetto/Cheerleading Clinic. ◆

◆ Make checks payable to **MBS** with the memo
“Cheerleading Clinic” ◆

◆ Wear **athletic shorts, cheer skirt, or skort** with a **t-shirt** and
tennis shoes or cheer shoes. ◆

◆ Bring a **water bottle.** ◆

COACH'S USE ONLY

☐ \$30 → CHECK ☐ \$30 → CASH ☐ \$30 → WALK-IN

☐ \$20 (sibling discount) → CHECK ☐ \$20 (sibling discount) → CASH ☐ \$20 (sibling discount) → WALK-

IN

Medical and Insurance Form

I will not hold **Most Blessed Sacrament** or **employees** liable for any injury, medical bill, or damages resulting from the Pelican Spirit Cheerleading Clinic. I hereby certify that I have medical insurance or that I will afford coverage from injuries.

I give the coaches or his/her representative my permission to call 911 for my child in the event of any serious injury or emergency during the clinics or tryouts if I am not present or able to be reached at the present time.

PARENT signature

STUDENT signature

EMERGENCY CONTACT

EMERGENCY CONTACT #

PARTICIPANT MEDICAL INFORMATION:

NAME _____ **DATE OF BIRTH** _____

ALLERGIES _____

PAST MEDICAL HISTORY _____

PREVIOUS SURGERIES _____

MEDICATIONS (taken on a daily basis) _____

ADDITIONAL INFO NEEDED BY EMERGENCY PERSONNEL _____
