

AHS Cheer Clinic Registration

Ardmore High School PE Gym - February 8th 2019 - 8:00 AM to 12:00 PM

Student's Name

Name *

First Name Last Name

Birthday *

Month Day Year



Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Grade Level *

Phone Number *

Area Code Phone Number

T-Shirt Size *

Parent/Legal Guardian Information

Parent/Legal Guardian Name #1 *

First Name Last Name

Phone Number *

Area Code Phone Number

Emergency Contact

EmergencyContact #1 *

First Name Last Name

Phone Number *

Area Code Phone Number

Emergencyontact #2 *

First Name Last Name

Phone Number *

Area Code Phone Number

Consent

I, the undersigned parent/guardian of the above camper understands that cheerleading is an active, physical sport and that injuries might happen. Any activity involving motion or height creates the possibility of serious injury.

I, the undersigned, do hereby grant the authority to the staff of Ardmore City Schools to apply judgment in regards to medical assistance in the event of an accident, injury, or illness if they are unable to contact the parent or guardian. I authorize first aid, a medical diagnosis and treatment which may deem necessary.

I, the undersigned, release Ardmore City Schools and any of its coaches, staff, manager, and/or any parent for any responsibility in case of accident, illness, or injury during my child's enrollment.

Date *



Month Day Year

Parent/Guardian Full Name *

First Name Last Name

I confirm that the information given in this form is true, complete and accurate. I have read, understand and agree to all statements on this form. *

Parent/Guardian Signature
