



Four Rivers Falcon Cheer

One Day Kids Clinic 2017

Registration Form

Child's name: _____ Grade: _____

Child's School: _____

Insurance: _____ Policy #: _____

Parent/Guardian name: _____

Home number: _____ Cell: _____

Known health condition: _____

Known allergies: _____

Shirt size: Youth sizes- XS S M L XL

Adult sizes- S M L XL

Make checks payable to: FRCS

Accident waiver and release of liability

I certify that my child is in good health and has my permission to participate in all activities at the Four Rivers Cheer Clinic. I hereby consent for my child to receive medical treatment; which may be advisable in the event of injury, accident, and/or illness during this activity or event. I hereby release and hold harmless Four Rivers Community School, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, and if applicable, owners and leasers of premises used to conduct the event, with respect to any and all injury, disability, and death. I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence of the releases or others, and assume full responsibility for my participation. This is to certify that I, as parent, guardian, temporary guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releases, but also to release and indemnify the Releases from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

Parent
Signature: _____ Date: _____

For office only:

Date paid _____ Check _____ Cash _____

Receipt # _____