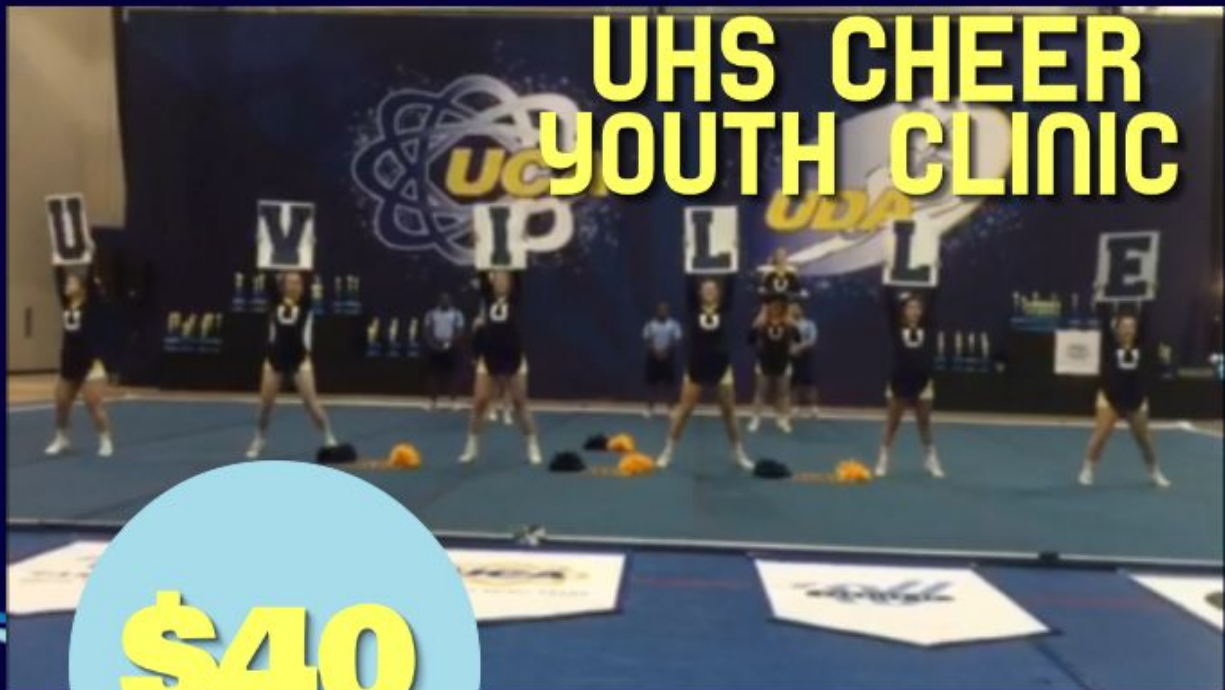


# UHS CHEER YOUTH CLINIC



**\$40**

**March 24th**  
**9 am to 2 pm**

**SIGN UP BY**  
**March 20th**

Email Coach Brittany  
Parker to reserve your  
spot or receive more  
information!

**ALL GRADES K - 8 ARE**  
**WELCOME!!**

## **REGISTRATION**

Join us for Cheering and Fun. If you  
want to be a future UHS Cheerleader or  
just want to see what cheering is all  
about, come learn from the current  
members and coaches!

Participants will learn cheers, chants, a  
dance and learn the fundamentals of  
stunting and jumps.

**[unionvillehscheerleading@gmail.com](mailto:unionvillehscheerleading@gmail.com)**

# Youth Cheerleading Clinic

HOSTED BY THE UHS VARSITY CHEERLEADERS

**MARCH 24<sup>TH</sup>**

Date: Saturday, March 24, 2018

Time: 9am-2pm

Where: Unionville High School Gym

Cost: \$40 (non-refundable)

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

Grade (as of Fall 2017) \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

## **UHS Cheerleading Clinic Medical and Liability Release:**

\_\_\_\_\_ elects to take part in the UHS Cheerleading event, which is sponsored by the UHS Cheerleading squad. I/We understand that our son/daughter is required to be in good physical shape and condition and that the activities, which he/she will be asked and expected to participate in, are strenuous and require physical and athletic agility. I/We understand that cheerleading is an activity in which the risk of injury is high; that any one of the routines involving our son/daughter's participation in cheerleading activities in general could lead to serious injury, including partial or total paralysis, even death. I/we have also discussed this with our child and among ourselves. Despite this understanding of the possibility of serious or catastrophic injury or death and the risks involved, we still consent to the participation in this activity by our son/daughter.

I/We represent to that, to the best of our knowledge and belief, our son/daughter has no physical, medical, or mental disability or other limitation that would restrict his/her ability to fully participate in this activity.

I/We agree to, and by the signing of the agreement, release the coaches, volunteers, staff of Unionville High School, and the Board of Education from any claim of negligence by ourselves, our son/daughter, our heirs, executors and assigns, from any liability arising from claims for damages for injury to our son/daughter and any claims for loss of damage to his/her property which may arise out of his/her participation in the Unionville High School Cheerleading Clinic of July 17<sup>th</sup> and July 18<sup>th</sup>, 2015.

I/We further acknowledge that the above individual is covered by health insurance the particulars of which are described below. I hereby agree that we are responsible for any required medical treatment, and give permission for my child to receive medical treatment in the event that I am unable to be contacted. In order that participant may receive necessary treatments, I hereby hold Unionville High School and their cheerleaders, and coaches harmless in the exercise of this authority.

Name of Participant: \_\_\_\_\_

D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Address of Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Additional Insurance Info Required: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

List any pre-existing conditions, allergies, medications, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Things to Know!**

- **Hair must be pulled back**
- **No jewelry**
- **No gum**
- **Water Jug/Bottle clearly labeled with name**

**\*\*Please fill out, sign and return this form to Attn: Heather Freeman Treasurer USC  
Cheerleading, PO Box 122, Pocopson, Pa 19366**

**\*\*Please include your non-refundable registration fee of \$40 payable to UHS Cheerleading**