



# **YOUTH CHEERLEADING CLINIC**

**Saturday, June 8, 2019**

- What:** Join the fun! Athletes (Ages 7-14) will work with Misericordia University's cheerleading team to improve their skills. We'll show off what we've learned for parents at 4:15 before we end the clinic.
- When:** Saturday, June 8th  
1:30 – 4:30  
Registration begins at 1:15pm
- Where:** Misericordia University  
Anderson Athletic Center  
301 Lake Street, Dallas Pa 18621
- Price:** \$25 - includes snack and drink. Registration Deadline Friday, May 31st  
**\$30 if registering the day of the event. (Space is limited – early registration recommended.)**

**Optional t-shirt available for \$12.00**

# Youth Cheer Skills Clinic

## Saturday, June 8<sup>th</sup> 1:30-4:30pm



Registration -- \$25 Registration Fee. (Includes snack and a drink)

**Please make checks payable to: Misericordia University Cheerleading.**

**Mail Registration to: Misericordia University Athletics, Tara Sinclair, 301 Lake Street, Dallas, Pa 18621**

Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Contact: \_\_\_\_\_ cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ cell #: \_\_\_\_\_

Athlete's Home Address: \_\_\_\_\_

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

*(please list for information related to the event and future clinic invites)*

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

- Yes, my child has received a physical and I have been determined to be physically fit and able to participate in cheerleading for the 2018-2019 season.

### RELEASE FORM

*I agree to the above person's participation in the cheerleading clinic hosted by Misericordia University, the Misericordia cheerleading program's cheerleaders and coaches. I waive, discharge, and forever hold harmless Misericordia University, its officers, directors, employees, volunteers and all other event staff from liabilities, claims, or demands resulting from participation in or usage of equipment.*

*I fully understand that my participation (or my child's participation) in this event titled Youth Cheerleading Clinic involves risks and dangers that might result in injury, including permanent disability, paralysis, and death. I am aware that I (or my child) will be participating in physically demanding activities, and I note here that I (or my child if said participate is not 18 years of age) am qualified, in good health and in proper physical condition to participate in such activities. If at any time during the event I feel or my child feels conditions are unsafe, participation will be discontinued. In the event of an emergency, I authorize that medical attention be administered to the participant named above.*

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

Permission is granted to use my son's/daughter's/ward's photograph in future brochures, advertisements or other literatures for events sponsored by Misericordia University's cheerleading program.

\_\_\_\_\_  
Participant's Signature (or Guardian's signature if participant is under 18)

\_\_\_\_\_  
Date