

Amador Valley High School

Cheer Clinic!

Participants Name: _____

School: _____

Age/Grade: _____

Email: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone Number: _____

Health Insurance Company: _____ Policy #: _____

Family Doctor/Phone Number: _____

Dentist/Phone Number: _____

SPECIFIC ALLERGIES: _____

Other health concerns: _____

LIABILITY/ PARTICIPATION RELEASE

I understand that there are risks of physical injury (including but not limited to cuts, sprains, and broken bones) associated with, arising out of inherent to the activity taking place at this event.

I hereby agree to release AVHS Cheer Team harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in this event on behalf of the participant.

Parent/ Guardian Signature X _____

Date: _____