

Abington Park and Recreation
Cheerleading Clinic
2010 REGISTRATION FORM
(Please fill in all information and print clearly)

Last Name: _____ First Name: _____

Address: _____

Phone Number: _____

Parent/Guardian Name: _____ Parents cell# _____

Date of Birth: _____ Present Age: _____

Grade and School _____

Family Physician: _____ MD Phone#: _____

Please list any medical problems or injuries: _____

I, the parent/guardian of the above named child, who is signing up to participate in the Youth Cheerleading clinic, in accordance with Abington Park and Recreation, hereby give my consent for her participation. I assume all risks incidental to the conduct of the activities. I do further release, absolve, indemnity and hold harmless Abington Park and Recreation for any injury to my child. I hereby waive all claims against the organizers, sponsors and the supervisors, any and all of them, in case of injury to any child, and also absolve and release any person appointed by Abington High School Cheerleading to act as a supervisor and further absolve and release all persons from claims in the transportation of my child to and from any direct or indirect activities. I also attest that all information provided above is true and correct to the best of my knowledge. Failure to provide accurate information may lead to the immediate dismissal of your child from the program. I also understand and agree that the registration fee paid is NON-REFUNDABLE for ANY reason.

Signature of Parent/Guardian _____ Date _____