

Martin High School Cheerleaders Cheer Clinic  
Application and Medical Release

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

School: \_\_\_\_\_

Grade Fall'11: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

May 14th: AM \_\_\_\_\_ PM \_\_\_\_\_ LUNCH \_\_\_\_\_

I understand that by taking part in this or any clinic/camp, there is a possibility of injury or sickness to my daughter/son; therefore, I give my permission for my daughter/son to participate in the Martin High School Cheerleading Clinic/Camp and do hereby grant permission to hospital staff members to administer immediate treatment to my child should she/he be injured.

I also agree to hold harmless Martin High School, its officers, staff, advisors, directors, or anyone associated with the Cheerleading Clinic/Camp for any injury incurred as a result of my daughter's/son's participation in this camp. The Martin High School Cheerleading Clinic/Camp strives to provide the maximum safety procedures and guidelines and therefore cannot assume responsibility for any accidents or injuries that may occur, or expenses incurred for the same.

Parent/Legal Guardian Signature

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

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

Insurance Company: \_\_\_\_\_

Allergies/Medication: \_\_\_\_\_

Family Dr. \_\_\_\_\_ Phone: \_\_\_\_\_