

# **CROWDER COLLEGE SPIRIT SQUAD**

**PRESENTS...**

## **Youth Cheer Clinic 2008**

### **OPEN TO AGES 3 YRS - 7TH GRADE!**

**CHEERS**

**STUNTS**

November 22, 2008

Registration 8:45 AM Clinic 9:00 - 11:30

Crowder College Gym, Neosho Campus

Cost: \$25

(\$5.00 discount if recieved by Nov. 17)

**JUMPS**

**CHANTS**

**FREE T-SHIRT!**

*Perform with the squad November 25th  
during the Lady Rider Basketball game!*

**TO REGISTER OR FOR MORE INFORMATION**

**VISIT [WWW.CROWDER.EDU](http://WWW.CROWDER.EDU) OR EMAIL**

**[LWHITE@CROWDER.EDU](mailto:LWHITE@CROWDER.EDU).**

# Crowder College

## Coed Spirit Squad Youth Clinic Registration Form

Shirt Size (please Circle):  
Youth: xs s m l      Adult: s m l xl

Childs' Name: \_\_\_\_\_

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

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

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School currently enrolled: \_\_\_\_\_

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

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

Cell phone: \_\_\_\_\_

Does your child have any allergies, injuries, or any other  
medical condition we should know about?

\_\_\_\_\_  
\_\_\_\_\_

Emergency information

Hospital preference: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

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

Please return this form along with liability waiver and payment to: Crowder  
College Attn: Spirit Squad, 601 Laclede, Neosho, MO 64850

**\*\*make checks payable to Crowder College Spirit Squad\*\***

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Date registration received: \_\_\_\_\_ Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check  
Participant # \_\_\_\_\_ Group # \_\_\_\_\_ Comments: \_\_\_\_\_

# Liability Waiver

## Acknowledgment and Assumption of Risk and Release

I am aware of the physical activities and the dangers involved in participating in the clinics, competitions, tryouts, related travel and all other activities of the Crowder College Spirit Squads. I am aware that such activities can be dangerous and involve risk of injuries, which may be serious, including without limitation, damage to joints, ligaments, muscles, bones, neck, spine and other parts of the body. My participation in the above events and in all activities related to the above events is a voluntary act with full and complete knowledge of the risks involved. I hereby voluntarily assume all such risks associated with my participation in the above events.

Additionally, I agree to exonerate, save, indemnify, and hold harmless Crowder College, its employees, coaches, and volunteers; from any and all liability, claims, causes of action, or demands of any kind and nature whatsoever, including without limitation, personal injury which may arise from or in connection with my participation in any activities related to clinics, practice, competition or performance.

The terms of this document serve as an acknowledgement and assumption of risk and release for my heirs, estate, executor, administrator, assignees, and all members of my family. I have read and understand this document and execute it as a free and voluntary act. Further, this document and the terms hereof are contractual and not a mere recital.

\_\_\_\_\_  
Participant Signature                      Name Printed                      Date

If under the age of 18 your parent/guardian must also sign.

\_\_\_\_\_  
Parent/Guardian                      Name Printed                      Date

### ***Emergency Information:***

\_\_\_\_\_  
Contact Name                      Phone

*Please list any medications to which the participant is allergic or is currently taking. If participant is under medication, please check to make sure he/she brings his/her medication and that he/she takes the prescribed dosage. Also list any ailments, conditions or medications that may hinder or impact your participation during tryouts or while participating on the squad.*

\_\_\_\_\_  
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