



## CHEER CLINIC



### MEMORIAL HIGH SCHOOL CHEER CLINIC REGISTRATION 2022-2023



Students in grades K-12 are invited to participate in a Memorial High School Minutemen Cheerleading Clinic. The event will take place on Saturday, September 10, 2022, from 11 a.m. to 3 p.m. Participants will learn age-appropriate skills and choreography. Instruction will be provided by the Memorial High School Cheerleaders and Coach. This clinic will provide an excellent opportunity to refine cheer technique, perfect jumps, practice tumbling, learn new cheers/chants, and learn a dance routine. Participants will also have the chance to perform at the annual Edgewood ISD Salsa Bowl.

The deadline to register is Friday, September 2, 2022, at 5 p.m. Although snacks and drinks are provided, participants are encouraged to bring their own lunch and water. Participants must wear comfortable and appropriate clothing (gym shorts with t-shirt) with tennis shoes. No sandals, crocs, or open toe shoes are allowed. \*Registration check-in begins at 10 a.m. in the Memorial High School Auditorium.

#### Please Print All Information

If registering more than one cheerleader, please use separate registration forms.

Please email registration and waiver forms to [Christine.Cabrera@eisd.net](mailto:Christine.Cabrera@eisd.net)

#### Participant Information

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

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Alt: ( ) \_\_\_\_\_

#### Parent/Guardian Information Parent

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Alt: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact (other than Parent) Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Child Food Allergies/Medication? \_\_\_\_\_

Other important notes: \_\_\_\_\_

#### Please circle the cheer package you wish to purchase:

\$45 (Includes T-shirt, MHS practice poms, and bow)    \$40 (T-shirt and Bow)    \$25 (Clinic Only)

Child T-Shirt Size (circle): YS YM YL AS AM AL AXL

Registration and waiver forms must be emailed to [Christine.Cabrera@eisd.net](mailto:Christine.Cabrera@eisd.net) by September 2, 2022, at 5 p.m. Only cash or checks will only be accepted. Make checks payable to "Memorial High School Cheer". Cash and Checks must be turned into the Memorial High School bookkeeper. We will invite participants to come back and cheer with us at the Edgewood ISD Salsa Bowl on November 4, 2022. If participating at the Salsa Bowl, please arrive no later than 6:15 p.m. and wear your camp/cheer shirt with blue shorts! Only mini campers admitted free; high school students must pay.

**MEMORIAL HIGH SCHOOL CHEER CLINIC  
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM  
2022-2023**

I hereby assume all the risks of participating in this cheerleading camp, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible Liability without fault.

I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this cheerleading camp. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organizers of the cheerleading camp in which I may participate and that it will govern my actions and responsibilities at said cheerleading camp.

In consideration of my application and permitting me to participate in this cheerleading camp, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this cheerleading camp. THE FOLLOWING ENTITIES OR PERSONS: Memorial High School Cheerleading and/or their coaches, agents, representatives, or volunteers.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this cheerleading camp, whether caused by negligence or otherwise.

I acknowledge that this cheerleading camp may carry with it the potential for death, serious injury, and personal loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, and lack of hydration.

The accident waiver, release of liability and image release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT ON MY OWN FREE WILL.**

**Print Participant's Name** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Signature** \_\_\_\_\_ (if under 18 years Parent or Guardian must sign) **Date** \_\_\_\_\_

**PARENT/GUARDIAN WAIVER FOR MINORS (under 18 years old)**

The Undersigned parent and or natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the Cheer Clinic, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect on lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

**Print Participant's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Signature** \_\_\_\_\_ (if under 18 years Parent or Guardian must sign) **Date** \_\_\_\_\_

**Social Media Consent**

I consent and agree that Memorial High School Cheerleading and/or their coaches, agents, representatives, or volunteers may take photographs or digital recordings of me as a participant during this event and use these in any and all media for training or promotional purposes. I waive any rights, claims or interest and I understand that there will be no financial or other remuneration.

I do not give consent and do not agree that Memorial High School Cheerleading and/or their coaches, agents, representatives, or volunteers may take photographs or digital recordings of me as a participant during this event and use these in any and all media for training or promotional purposes. I do not waive any rights, claims or interest and I understand that there will be no financial or other remuneration.