

VHS Cheering Clinic  
Registration Form

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

Cheerleader Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_

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

Emergency Contact Phone #: \_\_\_\_\_

**Signature of Guardian:**

*The Parent/Legal Guardian acknowledges that there is a risk to the Participant of sustaining an injury (minor, serious, catastrophic or fatal) by reason of attending. The Parent/Legal Guardian, on his or her own behalf and on behalf of the Participant, hereby assume all responsibility for any such risk and releases VHS Cheer as the hosting bodies from any claim, demand, action or cause of action of any kind with respect to such injury.*

**X** \_\_\_\_\_

\_\_\_\_\_

**Print Name of Parent/Guardian Signed**