2018 Pine-Richland Mini Cheerleading Clinic

Hosted by the PRHS Competition Team Cheerleaders

Students who will enter K-6th grade in the 2018-2019 school year are welcome!

**Wednesday June 13, 2018 and Thursday June 14, 2018**
8:30am – 12:00pm

**Friday June 15, 2018**
8:30am – 12:00pm
Picnic lunch with the cheerleaders
Showcase at noon

The Clinic will be held at Pine-Richland High in the main gym!

Participants will learn cheerleading techniques, stunting, a dance and a cheer!

Cheer clinic is $40.00 and includes a PR Cheer tank top!

All forms can be found on our website at www.pinerichlandcheerleading.org

Completed registrations (form, payment and waiver) must be received by May 30, 2018 to guarantee t-shirt size and a spot for the camp.

We will limit the number of campers to 100.

Checks only please. Make checks payable to PRCPA and mail to:
PRCPA, c/o Katy Kimmel, 481 Jenny Drive, Gibsonia PA 15044

For questions contact: Katy Kimmel, kimmelkaty@gmail.com

*This program/event/organization is not sponsored by the Pine Richland School District*
2018 Pine-Richland Mini Cheerleading Clinic Registration Form

I attend_______________________ School  Email Address__________________________

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<thead>
<tr>
<th>Participant’s Last Name</th>
<th>First Name</th>
<th>Nickname</th>
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<tr>
<th>Address</th>
<th>City</th>
<th>Zip</th>
<th>Phone (parents)</th>
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Date of Birth (Month/Day/Year)  Age  Grade (2018-19)  Cell Phone (emergency)

Place me with one friend: ______________________________________________________

Circle T-Shirt Size:  Child S  Child M  Child L  AS  AM  AL  AXL

ALL FORMS MUST BE TURNED IN BY MAY 30, 2018 IN ORDER TO GUARANTEE T-SHIRT SIZE

Father’s Name________________________  Mother’s Name________________________

COST PER CAMPER: $40.00  Amount Paid and Check #______________________________

Cheerleading Clinic Participation

In order to participate in the clinic, the Medical Release on this page as well as the Release and Waiver page must be completed and signed and mailed together. Payment must be included as well. Checks made out to PRCPA

Medical Authorization

Allergies or Medical History we should be aware of (include medications)

________________________________________________________

To whom it may concern: If neither parent can be contacted in case of injury or illness, I hereby authorize representatives of the PRCPA (Pine Richland Cheerleader Parent Association) to act as my agent to secure medical treatment for _____________________a minor child for whom I am responsible, at the nearest hospital, when in the opinion of the representatives, such emergency medical treatment is deemed appropriate during the time my child is engaged in the camp activities. I hereby authorize to hold the PRCPA and its representatives harmless for exercising its judgment in authorizing such emergency treatment and said representatives are specifically authorized to sign any required medical emergency hospital treatment form on my behalf.

Parent/Guardian Signature________________________________Date________________

Family Physician________________________________Phone Number_________________

Mail to: PRCPA, c/o Katy Kimmel, 481 Jenny Drive, Gibsonia PA 15044
RELEASE AND WAIVER OF LIABILITY FOR MINORS & ADULTS

PERMISSION BY PARENT / GUARDIAN & Photographic Release

PINE RICHLAND CHEERLEADING PARENT ASSOCIATION

A 501(c)(3) tax exempt non-profit organization

READ CAREFULLY – THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS

Event Participation: 2018 Pine-Richland Mini Cheerleading Clinic

Release and waiver-I, the undersigned minor and/or parent/guardian of minor, do hereby agree to release, dis-charge, forever hold harmless, and indemnify PRCPA - Pine Richland Cheerleading Parent Association, ("the organization") its officers, directors, board members, employees and agents from and for any liability for any and all conduct, whether intentional or unintentional, and whether negligent or otherwise, that results in damages or injury of whatever kind, including damages as a result of personal injury, bodily harm, death and property damage, and including but not limited to damages resulting from the use of first aid, treatment or service to an injured volunteer, and the conduct of other volunteers and/or third parties. I recognize that minor is being provided with the opportunity to engage in Pine-Richland Mini Cheerleading Clinic for the non-profit organization, as well as other goods and valuable consideration, in exchange for this release and waiver of liability. This release and waiver is intended to be constructed as broadly as possible. If one provision is found unenforceable the remaining provisions remain in full force and effect.

Assumption of Risk- Minor understands and assumes the risk of potential injury from engaging in the Pine-Richland Mini Cheerleading Clinic, including but not limited to the risk of injury, bodily harm, illness or death that may or may not be inherent in the work performed for the organization. The minor may be exposed to harm from physical labor, dangerous conditions, whether inherent to the activity or not, or other circumstances that may result in injury. The organization does not maintain or carry health insurance for the minor. The organization does not assume any financial liability, responsibility, or obligation for or to provide assistance with expense, damage, injury, medical payments, health payments, or disability payments.

Photographic Release-Minor and/or parent/guardian do hereby consent that minor’s photograph may be taken or their image may be digitally or otherwise recorded while engaging in the Pine-Richland Mini Cheerleading Clinic activities and do hereby grant and convey to organization all the rights, title and interest of any images so made on authorization by the organization, including the right to royalties, proceeds or other benefits of such photograph or recorded image.

Executed this _____day of ________________, 2018, acknowledging my agreement and understanding:

Minor Name__________________________________________________________

Parent/Guardian Name (if camper is under 18)_______________________________________________

Minor Signature_________________________________________________________

Parent/Guardian Signature_______________________________________________________________

My signature also indicates permission to engage in the 2018 Pine-Richland Mini Cheerleading Clinic.