

# Cheer Clinic

Saturday, March 6<sup>th</sup> at 2-4PM  
Tonganoxie Middle School Gym

Participant \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_

Participants' Shirt Size:      YS      YM      YL      AS

Would you like to join our Online Newsletter Group?

YES      NO      Already a Member

Email Address \_\_\_\_\_

**Make Checks payable to TRC**

**Fee: \$20**

**PARENT/GUARDIAN:** I hereby state that I understand and agree with the above described activity and policies, and that the above said individual has no physical, mental, or emotional conditions which would prevent him/her from fully participating in such activity, or would make him/her susceptible to injury from such participation. I further state that I hereby release the Tonganoxie Recreation Commission, their employees, volunteers, or agents from any claim that the said individual might have, or others may have, for injury that he/she might sustain during his/her participation in such activity. I also state that if I am not present and an emergency arises I authorize medical attention to be administered. Please notify the Tonganoxie Recreation Commission if special accommodations may be needed for the above said individual to participate in the described activity.

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_