



BEAVERTON YOUTH CHEER (BYC)
2008 K-2 CHEERLEADER CLINIC
REGISTRATION FORM

When: May 10, 2008
Where: Fir Grove Elementary
Time: 9:00 am - 11:00 am
Fee: \$25.00

| | |
|-------------------|-------|
| Date Paid: | _____ |
| Cash: | _____ |
| Check #: | _____ |

CHEERLEADER INFORMATION

Cheerleader Name: _____ Date of Birth: _____

Grade (Fall 2008): _____ School: _____

PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

Mothers Name: _____ Fathers Name: _____

Guardian Name(s): _____

Address: _____

City/State/Zip: _____ Home Phone: _____

Mother Cell Phone: _____ Father Cell Phone: _____

MEDICAL EMERGENCY CONTACT INFORMATION

Emergency Contact(s): _____ Relation to Child: _____

Phone Number(s): _____ Cell Phone: _____

Physician: Phone: _____ Insurance Co.: _____

Plan/Group #: _____ Phone: _____

HEALTH INFORMATION

Date of last health examination?
Any complicating medical problems noted in the last health exam?
Since last exam has participant had:
Operations or serious injuries requiring medical attention:
Hospitalizations or emergency room visits?
An illness lasting more than five days?
Exposure to a contagious disease?
Is participant currently under the care of a Physician or
Psychologist? Using prescribed or over-the-counter medications?
Had any restrictions concerning physical activities?
All immunizations are current and information available upon request?

Please describe conditions and give dates to any Yes:

This health history is complete and accurate. My child has permission to engage in all prescribed activities, except as noted by me and the examining physician.

As a parent or legal guardian of the above-named child, I hereby give my consent for my child to participate in the Beaverton Youth Cheer (BYC) K-2 Cheer Clinic activities. If my child is injured, I authorize and direct BYC staff to administer first aid and, if necessary, transport my child to a medical facility. I release and hold harmless BYC and its members, including but not limited to, my child's coaching staff, volunteers and members associated with BYC from all claims, actions and demands that may arise from the performance of BYC activities. I agree that BYC and its sponsors may use any pictures taken during BYC activities for promotional purposes. In addition, these pictures may be used for other media purposes (i.e., website, photo board).

I agree to the above:

Parent/Guardian Signature: _____ Date: _____