



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

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

**When:** August 8, 2008  
**Where:** Fir Grove Elementary  
**Time:** 5:30 pm - 7:30 pm  
**Fee:** \$25.00

Participants can purchase a retired BYC uniform!  
 At a discounted rate of **\$20**,  
 That's a \$5 discount!  
 (Limited to stock on hand)

**CHEERLEADER INFORMATION**

Cheerleader Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Grade (Fall 2008): \_\_\_\_\_ School: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (PLEASE PRINT)**

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_  
 Guardian Name(s): \_\_\_\_\_ Email: \_\_\_\_\_  
 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?  
 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.

Please describe conditions and give dates to any Yes:

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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: \_\_\_\_\_