

Ohio Northern University Cheer Clinic REGISTRATION FORM****Each participant must have their own registration form. Please make copies as needed.*****Please return this registration form WITH PAYMENT for clinic fees & optional items ordered BY MONDAY, September 22 to: Ohio Northern Cheerleading Coaches, c/o Kirstin Reams and Jami Dellifield, McIntosh Center, 525 South Main, Ada, OH 45810*

Student's Name: _____ Grade: _____

Address: _____

Cell phone: _____ Text: Yes NO

Student Email _____

Cheerleading Experience _____

Tumbling Experience _____ Level: _____

Mastered Skills (no spot needed): _____

Stunting Experience _____ Level: _____

Years of experience with each position? Main Base Secondary Base Back Flyer

CLINIC T-shirt SIZE (please circle correct size) YS YM YL AS AM AL

OPTIONAL ONU Hair Bow (\$15) YES NO

OPTIONAL Black/Silver & Orange/Silver POMS (\$20) YES NO

OPTIONAL SPIRIT WEAR FOR FAMILIES AND CLINIC PARTICIPANTS:

CLINIC T-SHIRT (\$10 each, please add \$2 for 2XL, \$3 for 3XL, \$4 for 4XL) write quantity BESIDE the size.

Youth: S M L Adult: S M L XL 2XL 3XL 4XL

CLINIC SWEATSHIRT (\$23 each, please add \$2 for 2XL, \$3 for 3XL, \$4 for 4XL) write quantity BESIDE the size.

Youth: S M L Adult: S M L XL 2XL 3XL 4XL

Parent/Guardian Name(s) _____

Cell phone: _____ Text: Yes NO

Parent/Guardian Name(s) _____

Cell phone: _____ Text: Yes NO

Email for Registration Confirmation: _____

PARENT/GUARDIAN INDEMNIFICATION AGREEMENT

In consideration of the acceptance of this application by Ohio Northern University Cheerleading Clinic at Ohio Northern University behalf of the applicant: _____ who is not yet of age, the undersigned parent or parents (or guardian) of said applicant does/do hereby promise and agree to indemnify and save and keep harmless said Ohio Northern University Cheerleading Clinic Staff and Ohio Northern University against any and all loss, damage, or expense which they may sustain or be liable for in the consequence of the acceptance of the application and/or performance of the course of instruction contemplated therein. We, the undersigned and each of us do further waive, release and relinquish to the ONU Cheerleading Clinic, Ohio Northern University, it's instructors, agents or employees, and liabilities for injuries or damages occurring to the person or property of our son/daughter or ward during the course of instruction as a participant in Ohio Northern University Cheerleading Clinic under the auspices of Ohio Northern University in the same manner of said liabilities are waived and released by the applicant to which this indemnification is attached. The indemnification and obligation shall be binding personally and upon the estates of the undersigned.

In the event of illness or injury of my child and reasonable attempts to contact me at: Parent/Guardian

Name: _____ Cell: _____ Parent/Guardian

Name: _____ Cell: _____ having been unsuccessful, I hereby give my consent to have

any treatment deemed necessary by a local licensed physician or dentist and the transfer of the child to the nearest local Hospital, if

necessary. Facts concerning my child's medical history, including allergies, medications being taken, and physical impairments to

which a physician or ONU cheerleading coaches should be aware: _____

Parent/Guardian's Signature _____ Date: _____