

MMHS Jr. Cheer Clinic Waiver Form

I, _____ (guardian's name) give my permission for my child to participate in the Maple Mountain High School Jr. Cheer Clinic, March 11, 12 & 13, 2014. I understand that while in attendance of the MMHS Jr. Cheer Clinic my child will participate in physical activity related to cheerleading such as jumps, kicks, and dancing. My child may also be asked to participate in tumbling and stunting activities associated with cheerleading. I understand that the Maple Mountain High School cheer and coaching staff will supervise all clinic activities. By granting my permission for my child to participate in the MMHS Cheer Clinic, I the parent or guardian, acknowledge that although small, the risk of injury does exist when participating in physical activities such as cheerleading. I recognize that the Maple Mountain High School, MMHS cheerleaders and MMHS cheer coaches will not be held responsible for any injuries that occur during or after the Jr. Cheer Clinic. I have listed and emergency phone number and name of an individual to be contacted on my registration form. I understand that if my child is involved in an emergency or injury during the Jr. Cheer Clinic, MMHS cheer coaches will contact the emergency individual as specified.

Signature of

Parent/Guardian: _____ Date: _____

Adult (MMHS cheer shorts) - \$11.00 each	Child (MMHS cheer shorts) - \$7.00 each
Small	Small
Medium	Medium
Large	Large
MMHS Hair Bow - \$7.00	CVD - \$7.00 will include photos and video footage of all the performances