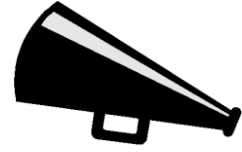


**Nordonia High School  
Cheerleading Youth Clinic  
Registration Form**



Name \_\_\_\_\_ Grade (K-8) \_\_\_\_\_

School \_\_\_\_\_

Phone Number \_\_\_\_\_

Preferred T-Shirt Size-

|               |       |         |         |
|---------------|-------|---------|---------|
| <b>Youth-</b> | S     | M       | L       |
|               | (6-8) | (10-12) | (14-16) |
| <b>Adult-</b> | S     | M       | L       |

**WAIVER AND RELEASE**

I/We, as parent(s) and/or guardian(s) of \_\_\_\_\_,  
do hereby request her admission to the Nordonia High School Cheerleading Youth Clinic. I/We agree to waive all liability of school, staff, and students for any accident, injury, illness, or other mishap which might befall the above named participant during her attendance at the clinic. Further, I/We hereby grant permission to the staff of the Nordonia High School Cheerleading Youth Clinic to act for me/us according to their best judgment in any emergency if I/we cannot be contacted. This participant is physically fit to participate in all clinic activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact #

\_\_\_\_\_  
Parent/Guardian Name Printed