



2017 TWHS Summer Cheerleading Clinic Registration Form

Participants Name _____ Age for next school yr. _____
Parent/Guardian Name _____ Phone number _____
Emergency Contact _____ Emergency Contact Phone _____
Email Address _____

T-Shirt Size

Circle One: YS YM YL Adult S Adult M Adult L

Clinic registration if paid by May 28th is \$100 (siblings \$90). Will accept registration at the door for \$125. **Make all checks payable to Wendi Spears and mail registration and check to:**

**The Woodlands HS
Wendi Spears (Head Cheer Coach)
6101 Research Forest Drive
The Woodlands, TX 77381.**

Parent Acknowledgement/Insurance Waiver

Participant's Name _____ Sport Cheerleading
Activity TWHS Coaches Cheer Clinic Location of Activity: Mitchell Intermediate

Do you have medical insurance? Yes or No

Parents, Release and Indemnity Agreement for clinic/performance:

We (or I), hereby request that you accept the application for enrollment of _____ (child) in the TWHS summer coaches' Cheerleading Clinic June 5-7, 2017 and in consideration of your acceptance of the application, we (or I) hereby release the TWHS Cheer Clinic and all their employees and agents from all claims on account of any injuries which may be sustained by our (or my) minor daughter. I understand that the Conroe Independent School District (CISD) will not provide transportation for my child to participate in the clinic to be conducted at Mitchell Intermediate under the responsibility of Coach Wendi Spears. I also understand that it is my responsibility to provide transportation for my child regardless of where held. I, the undersigned, have read this 2017 Parent Acknowledgement/Insurance Waiver and understand all the terms. I have executed it voluntarily with the full knowledge of its significance.

Parent Signature _____ Date _____