



Clemson University Spirit Squad One-Day Instructional Clinic

Registration Options (Check One)

____ Email Registration Form To: torip@clemsun.edu & Bring Payment to the Clinic

OR

____ Mail Registration Form and Check (made out to CUAD) to:
Jervy Athletic Center
Attn: Tori Palmer
Spirit Squad Clinic
PO Box 31
Clemson, SC 29633

Thank you for your interest in the Spirit Squad Clinic on Sunday, January 18, 2015. **The cost of this year's event is \$50 per person (includes registration fee, lunch, admission to the game and souvenir t-shirt).** Additional t-shirts may be purchased at a cost of \$10 each. Please follow the instructions below to reserve your spot. Pre-registration closes on Monday, January 12th. Walk-up registration cost will be \$60.

CONTACT INFORMATION

GUARDIAN'S NAME _____ RELATIONSHIP _____

HOME ADDRESS _____ EMAIL _____

HOME PHONE _____ CELL PHONE _____

DOCTOR'S NAME _____ DR. PHONE _____

INSURANCE COMPANY _____ POLICY # _____

PERSON RESPONSIBLE FOR CHILD ON GAMEDAY _____

GAME DAY CONTACT PHONE NUMBER _____

PLEASE LIST ANY FOOD ALLERGIES THE PARTICIPANT MAY HAVE: _____

T-SHIRT SIZE

Please check the t-shirt size(s) you would like to reserve. Participant shirts are included in the \$50 registration fee. Additional shirts may be purchased for \$10 each.

____ Youth small ____ Adult small ____ Adult XL

____ Youth medium ____ Adult medium ____ Adult XXL

____ Youth large ____ Adult large

PAYMENT

REGISTRATION (\$50) _____ + ADDITIONAL T-SHIRTS(\$10) _____ **TOTAL=** _____

Clemson University Parental Permission Form and Release of Liability for Youth Camps or Programs

I, _____, am the parent and/or legal guardian of _____, a minor child under the age of 18 years. I would like to have my child participate in the Spirit Squad Clinic at Clemson University: which will take place on January 18, 2015.

In consideration for my child being allowed to participate in this Spirit Squad Clinic, I the undersigned, acknowledge, appreciate and agree that:

1. This Spirit Squad Clinic affords my child the opportunity to participate in activities, including, but not limited to: learning cheers, dances, and basic jump/leap technique as well as performing in the pregame parade. There are inherent risks involved with these activities, including but not limited to tripping/falling, arm and/or leg soreness, and exhaustion. I choose to voluntarily allow my child to participate in the Spirit Squad Clinic. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.
2. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in this Spirit Squad Clinic. I agree to pay for any medical costs that exceed the limits of my insurance coverage.
3. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child's participation in this Spirit Squad Clinic, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in this clinic.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

Signature of Parent and/or Legal Guardian

Date