

2019 LAKEVILLE CHEERLEADING INVITATIONAL

PARENTAL CONSENT/LIABILITY FORM

My son/daughter has my permission to participate in the Lakeville North Cheerleading Invitational at Lakeville North High School on October 26th, 2019. As a condition for my son's/daughter's participating, I agree to release Lakeville North High School, Independent School District 194 and/or any of its employees/representatives from any responsibility for personal injury, theft and/or damages to my property that may occur as a result of participation in this competition. Student and parent/guardian must sign this form.

Student's Name: _____

Student's Signature: _____

School/Team Name: _____

Parent/Guardian Signature: _____

Date: _____

2019 JAGUAR CHEER JAM

REGISTRATION FORM
JEFFERSON HIGH SCHOOL
STUNT GROUP COMPETITION

DUE: Fri. November 1, 2019

School/Gym Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Coach(es): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Coach Daytime Phone: _____ Evening: _____

Coaches Email Address: _____

Names of participants: (Stunt Group)

1. _____
2. _____
3. _____
4. _____
5. _____

REGISTRATION FEE:

Total # of Cheerleaders: _____ X \$5.00/participant = \$ _____

TOTAL \$ ENCLOSED: \$ _____

(Checks payable to: JHS CHEER)

Please Send Registration to:

JHS Cheer
6921 13th Ave S
Richfield, MN 55423

Registrations Due: Friday, November 1, 2019

QUESTIONS? Please contact:

Taylor Mancini - Jeffersoncheercoach.taylor@gmail.com - 651.214.7561

East Ridge Extreme Cheer Challenge Parent Consent/Liability Form

I, the undersigned parent or guardian, do hereby grant permission for my daughter/son, _____, to participate in the activity of cheerleading at East Ridge High School. In order that my daughter/son may receive the necessary medical treatment in the event she/he may sustain injury or illness during participation in this activity, I hereby hold East Ridge High School and its representatives harmless in the exercise of authority.

I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, which involves inversion and rotation of the body, there is a possibility that my daughter/son may sustain physical illness or injury (Minimal, serious, or catastrophic), in connection with her or his participation. I further acknowledge and understand that my daughter/son is assuming the risk of such physical illness or injury by her/his participation, and I further release South Washington County School District, East Ridge High School and its representatives from any claims for personal illness or injury that my daughter/son may sustain during participation in this activity.

I understand that any valuables brought to this event are my own responsibility and although all attempts will be made to keep the team rooms secure I will not hold East Ridge High School, South Washington County School District or the East Ridge Cheer Boosters liable for any loss. It is highly recommended to leave valuables such as cell phones, mp3 players or hand held game systems at home.

I further understand that East Ridge High School has established rules and regulations pertaining to conduct, behavior, and activities of all students and cheerleading participants, by which my daughter/son must abide during participation in this activity, and that my daughter/son and I will be responsible for her/his failure to abide by those rules and regulations.

My daughter/son and I have read and understood the above Medical Treatment Authorization and Liability Release.

Participant's Name _____

Participant's Signature _____ Date _____

Address _____ State _____ Zip _____

School/Team Name _____

Parent/Guardian's Name _____

Parent/Guardian Signature _____ Date _____