

MIRA COSTA CHEER CLINIC FUNDRAISER

Registration Form

Monday, January 16, 2012

Held at Mira Costa High School Cafeteria (off Peck Ave. parking lot)

1401 Artesia Blvd, Manhattan Beach, CA 90266

Participant's Name: _____

Participant's Address: _____

Participant's Grade: _____ School: _____

Parent's Name: _____

Parent's Home Phone: _____ Parent's Cell/Work Phone: _____

Parent's E-mail: _____

We will be providing a pizza lunch for clinic participants.

Medical Treatment and Liability Release

I, _____, the undersigned parent or guardian of

_____, do hereby grant permission for my child (who hereinafter shall be referred to as "participant") to participate and that the participant may receive necessary medical treatment in the event of an injury or illness. I hereby hold the students, coaches, directors and representatives harmless in the exercise of this authority. I further agree to hold harmless the Mira Costa coaches, including its directors, officers and students, who conduct the program and the school in which the program is being conducted for any illness or injury incurred by participant during the course of the clinic or event.

Please list any medication or food to which the participant is allergic or any comments: _____

Emergency Contact Name & Phone Number: _____

Physician's Name & Phone Number: _____

Parent/Guardian's Signature: _____

Payment by credit card (processed by Manhattan Beach Athletic Foundation) or check:

Card Type: _____ Card Number: _____ Exp. Date: _____

Please mail completed registration form and payment to:

MCHS Pep Squad, Attn: Cheer Clinic, 1401 Artesia Blvd., Manhattan Beach, CA 90266