



CHEERLEADING CLINIC

FOR AGES K-8th grade

LEARN CHEER SKILLS AND CHEER WITH THE UMSL TRITON CHEERLEADERS!

JAN 25TH CLINIC:

PACK A DINNER/SNACK

5PM-8PM

UMSL MARK TWAIN ATHLETIC CENTER
1 UNIVERSITY BLVD, ST. LOUIS, MO 63122

JAN 26TH PERFORMANCE:

CHEER AT UMSL MENS BASKETBALL HALF TIME!
GAME STARTS AT 3PM

\$20

EARLY DISCOUNT WHEN REGISTERED BY JAN 23

\$25

AFTER JAN 23RD

NAME: _____

AGE: _____

CONTACT NUMBER: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

Release of Liability, Medical and Surgical Authorization

In consideration of UMSL Athletics granting the student permission to participate in UMSL Cheerleading Clinic, I hereby assume all risks of his or her personal injury (including death) that may result from any UMSL Cheerleading Clinic activity. As guardian I do hereby release the State of Missouri, University of Missouri System, UMSL Cheerleading Clinic and their officers, employees, agents, all instructors, and all participants in said UMSL Cheerleading Clinic from all liability, including claims and suits at law or in equity, for injury, fatal, or otherwise which may result from the student taking part in UMSL Cheerleading Clinic activities.

In addition, I hereby authorize and give my consent to the health authorities of UMSL or any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological treatment, parent authorization for treatment beyond that responsive to the emergency will be requested. I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to UMSL Health Service or other hospitals and clinics.

Also, I authorize the disclosure of medical information to my insurance company for purpose of claim. I understand that I will be responsible for any medical or other charges in connection with student's attendance at this camp. (Each camper must provide his/her own medical insurance.)

Parent's/Guardian's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

Please make checks payable to UMSL Cheerleading and return this form by mailed to:
UMSL Cheerleading ■ 225 Mark Twain Building ■ One University Blvd ■ St. Louis, MO 63121

This camp is open to any and all entrants. The NCAA prohibits an UMSL booster (other than a parent/guardian or close family member) from paying a portion of a camper's camp fees.