

FOR OFFICE USE ONLY	
Registration Fee	



# College Prep Clinic

**Athlete Information:**

Name: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Year in School: \_\_\_\_\_ School Attending: \_\_\_\_\_  
 All-Star Team (if available): \_\_\_\_\_

**Parent Information (if under 18):**

Name (s): \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Emergency Contact (if different from info above):**

Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Relationship to Cheerleader: \_\_\_\_\_

**Medical Information:**

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please list any and all allergies or medical issues that the coaching staff and medical staff should be aware of:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_, am participating in the Florida State University cheerleading college prep clinic and this form legally releases all obligations and responsibilities for the medical treatment of myself or child, in the event of illness or injury during this clinic. Furthermore, the school and/or its employees are not liable for any injury incurred during the clinic activities. In the event of an emergency occurring while I am participating in the clinic, I grant permission, or if under 18, my son or daughter, to the school and/or its employees to secure medical treatment.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_