



FOR OFFICE USE ONLY	Check
Registration Fee	

**Florida State University Cheerleading College Prep Clinic
April 5 & March 15 at Gym Force 9:00am – 12:00pm**

PERSONAL INFORMATION:

Name: _____
 Year in School (Fall): _____
 If incoming Freshman – High School Attended: _____
 All-Star Team: _____
 Current Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____

Cheerleading Information:

I am interested in trying out for (please circle one): All-Girl Co-Ed Both
 Brief description of current cheer skills: _____

Parent Information:

Name (s): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____

Emergency Contact:

Name: _____
 Phone Number: _____
 Relationship to Cheerleader: _____

Medical Information:

Insurance Carrier: _____ Policy #: _____ Group #: _____
 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, 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: _____