

# CHEER CLINIC

Western Christian Schools

## Checklist for the day of the clinic:

- Signed permission slip and medical release from below
- \$20.00 registration fee - Cash or Make checks out to WCHS
- Wear comfortable clothes and cheer or athletic shoes

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## PERMISSION SLIP

My daughter \_\_\_\_\_ has my permission to attend the Western Christian School Cheer Clinic.

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

## MEDICAL RELEASE FORM

I understand that in giving my permission, I will not hold Western Christian Schools liable in case of an accident or unexpected event.

Date: \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of Parent or Guardian: \_\_\_\_\_

Please list 2 emergency contacts: Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_