

Charleston University Cheerleading One-Day Instructional Clinic

Thank you for your interest in the first annual one-day clinic on Saturday, November 14, 2009. **The cost of this years event is \$35 per person (includes registration fee, lunch, admission to the game and souvenir t-shirt.)** Please follow the instructions below to reserve your spot.

WAIVER OF LIABILITY/MEDICAL RELEASE FORM

I hereby waive and absolve Charleston Southern University, and all divisions thereof, of any and all liability and responsibility for injuries, accidents, sickness and/or acts of God incurred during participation in and/or instruction of clinics, classes, games, private coaching, and/or any other cheerleading related activity by myself/my child, whose name is _____. In consideration of my signed release allowing my child/myself to participate in a Charleston Southern University One-Day Clinic, I, intending to be legally bound, do hereby, my heirs, executor administration, waive, release, and forever discharge any and all rights and claims for damage which I may have or which my hereafter accrue to me against Charleston Southern University, the camp/clinic directors or their respective employees, offices, agents, representatives, successors, and/or assignees, for any and all damages which may be sustained or suffered by me or my child in connection with my association with or participation in this camp or rising out of travel to and/or return from the respective Charleston Southern University site or other camp site. In the event of injury/accident/sickness, Charleston Southern University coaches, officials, and/or instructors are to contact the designated adult listed below.

Signature of Parent/Guardian/Date

Participant's Name _____ **Age** _____

Contact Information (please note to any allergies to medications on this form)

Guardian's Name _____ **Relationship** _____

Full Address _____

Home Phone _____ **Cell Phone** _____

Doctor's Name _____ **Dr. Phone** _____

Insurance Company _____ **Policy #** _____

Ticket Request

NUMBER OF FAMILY TICKETS NEEDED _____

X \$5.00 each= _____

November 6, 2009 is the last day to reserve your tickets.

**Additional tickets may be purchased at the game or
you can call the CSU ticket office at 843-863-7213.**

T-Shirt Request Form

Please check the t-shirt size you would like to reserve. Participant shirts are included in the \$35 registration fee.

_____ Youth Small _____ Youth Medium _____ Youth Large

_____ Adult Small _____ Adult Medium _____ Adult Large

Payment Total

REGISTRATION (\$35) _____

FAMILY TICKETS (\$5) _____

TOTAL (make checks out to CSU) _____

Mail Registration forms and check to:

Charleston Southern University
Attn: Summer Reyes
P.O. Box 1188087
Charleston, SC 29423

Or email registration forms to:
Sreyes@csuniv.edu

Confirmation Contact

(Please provide your e-mail address to receive a registration confirmation)

E-Mail Address _____