



*Jennings Angels
Cheerleading Team*

FREE CLINIC AND SIGN-UP NOW!!!

OPEN TO FIRST 50 PARTICIPANTS

(AGES 6-12)

FOR MORE INFORMATION PLEASE CONTACT:



CHEERLEADERS INFORMATION:

NAME: _____ AGE: _____ GRADE: _____ SEX: M/F

*SPECIAL NEEDS: YES NO

IF YES PLEASE EXPLAIN:

ADDRESS: _____ ZIP: _____ PHONE NUMBER: _____

CHEERLEADERS SHIRT SIZE: YS YM YL AS AM AL XL 2XL

PLAYER SHORT SIZE: YS YM YL AS AM AL XL 2XL

PARENTS INFORMATION:

PARENT/GUARDIAN: _____ RELATIONSHIP TO CHEERLEADER _____

ADDRESS: _____ ZIP: _____ PHONE NUMBER: _____

EMAIL: _____

Waiver and Release of all Claims

By signing, I recognize and acknowledge that there are certain risks of physical injury to participants and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating. I further agree to waive and relinquish all claims I or my child/ward may be entitled to as a result of participation. I also understand that the City of Jennings exercises a hold harmless policy at all facilities and fields. This releases the City of Jennings, its agents, representative or employees from any and all claims which may arise out of an accident or injury caused by negligence of the City of Jennings or its agents, representative or employees while using city facilities or fields. I agree to the unreserved use of my child's name and/or likeness (including photographs, videotapes and other depictions) for publicizing Jennings Recreation programs and events. I have read and fully understand the above information.

Parent Signature _____ Date _____