



RSPA Lions Cheer Clinic



Registration Form and Waiver

The Rhodes School Lions Cheerleaders are hosting their 1st annual cheer clinic. Participants will learn the foundational skills of cheerleading in a fun and instructional environment. They will also get the opportunity to perform on the Basketball court during halftime with the Lions Cheerleaders!

Cheer Clinic Date: Monday, Dec 11th - Tuesday, Dec 12th

Who: Kindergarten - 8th Grade Participants **ONLY**

Time: 4:30 p.m. – 6:30 p.m

Location: RSPA Humble Cafetorium (600 Charles St, Humble, TX 77338)

Fee: \$25.00 includes game admission

Attire: Comfortable Apparel and Tennis shoes

Cheer Clinic Performance: Wednesday, Dec 13th

Location: IL Texas BG Ramirez (4114 Road 5200, Cleveland, TX 77327)

Arrival Time: 5:30 p.m.

Parents will need to purchase admission tickets at \$5 ea.

CASH ONLY.

Attire: Plain White T-Shirt, Black bottoms, and Tennis shoes (Bows and Accessories Welcomed)

Please return the signed forms and cash payment by December 8th to an RSPA Lions Cheerleader or Coach, drop off at RSPA Humble front office. For any further questions, please email Coach Nelson at knelson@rhodesschool.org .

Participant Name (Print):

Age: _____ **Grade Level:** _____

Parent/Guardian Name (Print):

Contact Number: (_____) _____ - _____

Emergency Contact (Print):

Emergency Number: (_____) _____ - _____

**PLEASE COMPLETE THE WAIVER ATTACHED TO THIS FORM PRIOR TO
REGISTRATION RSPA LIONS CHEER CLINIC ACCIDENT WAIVER AND
RELEASE OF LIABILITY FORM**

I understand that my child, _____ will be participating in the Rhodes School Lions Basketball Cheer Clinic on December 11, 2023 - December 13, 2023. Since this is a voluntary program, I will not hold the school, staff members, or cheer team members liable for any accidental injury, which may occur. In case of a medical emergency, I do give consent for my child to be treated at the nearest emergency room.

Please list any allergies or health concerns we should be made aware of for your child, and any required special medications or treatments: _____

Is there anything else we should know about your child? _____

Parent/Guardian Signature _____

Date _____

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT ON MY OWN FREE WILL.

PARENT/GUARDIAN WAIVER FOR MINORS (under 18 years old)

The Undersigned parent and or natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the Cheer Camp, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect on lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Parent/Guardian Signature _____ Date _____