

2018 Londonderry Cheer Camp
Registration and Medical Release

Athlete Name: _____

Athlete Age: _____ Athlete Grade _____

Cheer Experience (Number of years): _____

Tumbling Skills: _____

T-shirt size: **YS** **YM** **YL** **AS** **AM** **AL** **AXL**

Parent/Legal Guardian: _____

Address: _____

Emergency Phone Number: _____

Email Address: _____

I, _____ give my child, _____ permission to participate in the 2018 Londonderry Cheer Camp sponsored by the Londonderry Youth Football and Spirit ("LYFS"). I understand that in cheerleading as in all sports, there is the possibility of illness and/or injury. There is also the possibility of this being from minor to catastrophic, even resulting in death. I agree to hold harmless, LYFS, Londonderry Middle School, Londonderry School District and its employees, coaches and volunteers from any liability in the event of sickness and/or injury to my child. I authorize LYFS to provide transportation of my child to a licensed medical facility and/or hospital and authorize emergency treatment of my child.

Parent Signature: _____ Date: _____

Allergies: _____

Physician: _____ Telephone Number: _____

Insurance Policy Name/Number: _____

Mail Registration and Medical Release form along with registration fee to:

Attn: Cheer Camp
P.O. Box 216
Londonderry, NH 03053

LYFS Administration Only

Amount Paid: _____ **Date Received:** _____ **Check No.:** _____