

**2019 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 2019 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 licenses 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.: \_\_\_\_\_