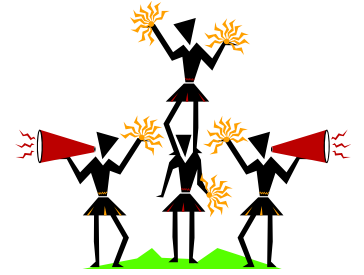




DGN CHEERLEADING CLINIC



WHO: Any boy or girl grades K-8

DATE: October 22, 2016 (Sat.)

TIME: 9am-12pm

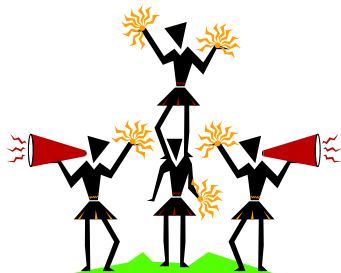
WHERE: DGN Fieldhouse

PRICE: \$35 (includes T-shirt)

****Each child will be learning a short routine that will be performed at the end of the clinic. Parents, grandparents, siblings, etc are encouraged to come watch @ 11:30☺.****

Questions??? Email Allyson Passarelli
apassarelli@csd99.org

Registration forms can be found at
<http://north.csd99.org/> under the Athletics tab, however, there is NO online registration!



This "RELEASE AND HOLD HARMLESS" must be signed by a parent or guardian of participating children under 18 years of age. Without the proper signatures, your registration cannot be processed and will be returned to you.

RELEASE AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that, in signing up and participating in the above program, you will be waiving and releasing all claims for injuries, arising out of this program, that you or the above participant might sustain. The terms "I", "me", and "my" also refer to parents or guardians as well as the participants in the program. In registering for the program, you are agreeing as follows: As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims that I may have as a result of participating in the program against the Community High School District 99 any and all independent contractors, officers, agents, servants, and employees of the District, and any and all other persons, and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in the program. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of the Agreement.)

I do hereby fully release and discharge the Community High School District 99 and the other released parties from any and all claims for injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation in the program.

I further agree to indemnify, hold harmless and defend the Community High School District 99, and any and all other released parties, from any and all claims resulting from injuries, including death, damages or losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of the program.

I further understand and agree that the terms such as "participation," "program," and "activities," referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in the program, and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities or premises involved in the program.

I understand the nature of the program for which I am registering, and have read and fully understand this Waiver, RELEASE AND HOLD HARMLESS AGREEMENT. I further understand that any advisement or warnings of the particular risks of this program that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

Signature of Parent or Guardian of Participant(s) under the age of 18 years of age _____

Date _____

Child's Name (Please print clearly) _____

Child's grade _____

Parent/Guardian's Name _____

Phone Number _____

Emergency Contact _____

Emergency Number _____

T-Shirt size (circle one)	YS	YM	YL	YXL
	AS	AM	AL	AXL

- Please send this form back completed and signed (by October 8, 2016) with \$35 payment to: (cash or checks can be made out to DGN Cheer)

Downers Grove North High School
4436 Main St.
Downers Grove, IL 60515
Attn: Allyson Passarelli

Questions??? E-mail Allyson Passarelli apassarelli@csd99.org