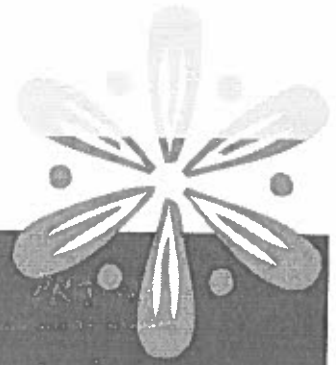


INTERESTED IN TRYING OUT FOR CHEERLEADING THIS SPRING?



JOIN US FOR:

KELVIN GROVE CHEER OPEN GYM

Plan to join us for a cheerleading open gym on Monday, March 4, 2019 in the New Gym from 9am-12pm.

***All attendees must RSVP via the form below and complete waiver information
BY: Friday, February 22, 2019***

If you are unable to attend this open gym, but would be interested in any future KG cheer events, please indicate your interest in our cheer program on the form below and return as well.

My child, _____ Grade _____
_____ will attend the KG Cheerleading Open Gym event on Monday, March 4th from 9am—12pm.
_____ is unable to attend, but we would like info on future KG cheer camps, clinics or tryouts.

WAIVER: I, the undersigned parent or guardian, do hereby grant permission for my child named above to participate in Cheerleading Open Gym at Kelvin Grove School.

I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity and all athletics, there is a possibility that my child may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with his or her participation. I further acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release Kelvin Grove School and District 91 and its representatives from any claims for personal illness or injury that my child may sustain during participation in this activity.

I further understand that Kelvin Grove School has established rules and regulations pertaining to conduct, behavior, and activities of all students and athletic participants, by which my child must abide during participation in this activity, and that my child and I will be responsible for his/her failure to abide by those rules and regulations.

To whom it may concern: In the event reasonable attempts to contact me at the information listed below are unsuccessful, I, as parent or legal guardian of the above named student, do hereby authorize: (1) the treatment by a licensed medical physician of my child/ward in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, and (2) the transfer of my child/ward to any hospital reasonably accessible.

Parent Name: _____ Phone #: _____

Email: _____

Signature: _____ Date: _____

Emergency Contact: _____ Phone #: _____