

February 11, 2012

9am to 12pm with a Parent Show at Noon

Idaho Cheer Clinic

Boys and Girls Ages 4 to 15
All Levels - No Experience Necessary!

What Will Be Covered:

- A Cheer
- A Dance
- Tumbling
- Stunting

**OPEN TO ANY CHILD WHO HAS
AN INTEREST IN CHEERLEADING!**

\$25/child if Pre-Registered by February 6th (add \$5 if late)

Registration Form must be turned in to ICU with payment to be considered registered.

Cheer Bag Included!

Clinic Location: Idaho Cheer University at Wings Center

Check In at 8:30am

Checks payable to: ICU/Wings

Idaho Cheer University at the Wings Center
1875 Century Way
Boise, ID 83709

Contact: Cathy Becker @ 208-376-3641 e: idahocheer@wingscenter.com

www.idahocheer.com



Idaho Cheer Clinic Registration Form

Participant Name _____ Birthdate ____/____/____ Age ____

School _____ Grade _____ Shirt Size: YS YM YL AS AM AL AXL

Parent Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Other Phone: _____

E-Mail: _____

Liability Release Form Please read carefully and sign as indicated

In consideration of allowing the previously-declared participant(s) to begin participation in Wings Center activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless Wings, Inc., and Idaho Corporation, its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Wings Center is conducted, or any premises under the control and supervision of Wings, Inc., its owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by Wings, Inc., its owners, officers, agents, or employees.

Assumption of Risk

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release. In signing this Release, the undersigned acknowledges:

- a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

Medical Release

The undersigned gives permission for the Wings, Inc. owners, officers, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Marketing Release

Occasionally the Wings Center uses photos or video of its students in print ads, on its website, or other marketing mediums. I understand that my child's likeness may be used in such advertising. These images will be used for Wings Center purposes only, and will not be given or sold to outside companies or individuals.

By signing below I am acknowledging that I have read and understand the above information.

Parent/Guardian Signature _____ Date _____

Participant Signature (if over 18 years of age) _____ Date _____