



P.O. Box 238 Burns, Oregon 97720

Cheerleading Summer 2017 Grades K-8th

This summer Chelsea will be offering a summer cheer program. This program will be more focused on the fundamentals of tumbling and will have practice once a week for two hours. It will last 9 weeks, starting the week of June 19th and ending the week of August 14th.

Cheerleading forms are being accepted at High Desert Park and Rec. office and the Chamber. You may drop the forms and fees in our red drop box. **Deadline to sign up is Tuesday June 13rd 2017.**

Adults wishing to coach can contact the HDPR Office. There is a \$25.00 fee per player. This will include a cheerleading T-shirt that the kids will be able to keep. Coaches will notify participants of practice times and place.

For further information, you may call the Park and Rec. at 541-573-2413

CHEERLEADING

FEE: \$25.00

By: June 13rd (if forms not in by this date price goes to \$35)

Last Name _____ First Name _____ Date of Birth _____ Grade _____
 Boy Girl Email Address: _____

Address (street) _____ (mailing) _____

City _____ State _____ Zip _____ Home Phone _____

Person/Address/Phone to notify in an event of an emergency _____

Another Person/Address/Phone to notify in an event of an emergency _____

Doctor/Phone to notify in event of an emergency _____

IMPORTANT!!!

I agree that I, the registrant, will abide by the rules of High Desert Park & Recreation, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with playing a sport, I hereby release, discharge and/or otherwise indemnify the High Desert Park & Recreation, its affiliated organizations and sponsors, their employees, coaches, and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Name (please print) _____ Signature _____ Date _____
 (Parent if registrant is under 18)

CONSENT FOR MEDICAL TREATMENT:

I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the registrant.

Signature _____ Date _____
 (Parent if registrant is under 18)

Check all that apply that interest you as a **parent!** Asst. Head Coach Other