The Oregon State Cheerleaders will be hosting a cheer clinics this winter, for kids ages 2-13. The clinic is limited to the first 150 participants that sign up. The clinic includes a t-shirt, ticket for the participant to the game, and pizza. All participants are encouraged to wear tennis shoes and must have the permission form (on the back of this page) signed by a legal guardian. For more information call the Oregon State Marketing office at (541)737.1085.

Cheer Clinic
Oregon State Women's Basketball vs. USC
Saturday, Feb. 23
Gametime: 7:00 p.m.

Theme: At the Beach
Location: Dixon Recreation Center
(26th and Washington, Corvallis)
Registration: 4:00 p.m. - 5:00 p.m
Clinic: 5:00 p.m. - 6:30 p.m.
Parents Pick up and take to Gill Coliseum: 6:30 p.m.
Performance: Halftime Women’s Basketball game
Attire: Tennis shoes are required and kids are encouraged (but not required) to accessorize their outfit with a beach hat and/or sunglasses.
Cost: $35.00

To register, please fax to (541) 737.9076 or mail order form and payment to:
OSU Athletics, 100 Gill Coliseum, Corvallis, OR 97331
Questions email Amber Bezates at amber.bezates@orst.edu

Participants Name: ________________________________________________________________________________________________
Parent / Legal Guardian: ___________________________________________________________________________________________
Mailing Address: __________________________________________________________________________________________________
City: _____________________________________________ State: _______________________ Zip Code: ________________________
Phone Number: _________________________________Email: ____________________________________________________________
Age (please circle): 2*  3*  4*  5  6  7  8  9  10  11  12  13  14
Shirt Size (please circle) 2T  3T  4T  YS  YM  YL  YXL  Adult S  AM  AL
*Kids ages 2 - 4 must have a parent or legal guardian present during the entire clinic

Check: please make payable to OSU
Credit Card: Visa   MasterCard   Discover
Card #: __________________________________________________  Exp. Date: ________________________________
Signature: _________________________________________________________________________________________________

Must Pre-Register - NO WALK UP REGISTRATION
DEADLINE TO REGISTER - Feb. 18
Oregon State University Sports Camp
Parental/Guardian Release and Information

Note: Please print legibly in INK or type. This form must be completed in FULL, including signatures of parent or legal guardian. Campers will NOT BE ALLOWED to participate without completion of this form. Separate forms are needed for each camp.

Camper Name__________________________________________ Date of Birth____________________

Name of Camp__________________________________________ Date(s) of Camp____________________

MEDICAL INFORMATION

Any known Allergies, Illnesses, Injuries, or Disabilities:_____________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
Medications Camper will bring:________________________________________________________________________________

Participant’s Physician Name:_____________________________________ Phone #:________________________

Physician Address:__________________________________________ Date of last Tetanus Booster:____________________

INSURANCE INFORMATION

Insurance Company __________________________________________ Phone Number:________________________

Policy Holder’s Name________________________________________________________________________________________

Policy Number_________________________________ Group Number____________________________________________

EMERGENCY INFORMATION

Emergency Contact Name #1_____________________________________ Relationship_______________________

Home Number_______________________ Work Number_____________________ Cell Number___________________________

Emergency Contact Name #2_____________________________________ Relationship_______________________

Home Number_______________________ Work Number_____________________ Cell Number___________________________

PARENTAL/GUARDIAN RELEASE

I hereby:
1. Give permission to the above named camper to attend and participate in the Oregon State University (OSU) Sports Camp referenced above.
2. Give permission to the camp staff to render preventative, first aid or emergency treatment, or all of the foregoing, necessary to camper’s health and well-being. In the event of serious injury/illness, the need for major surgery, or significant accidental injury, I understand an attempt will be made by the camp staff to notify the designated emergency contacts as soon as possible. If camp staff is unable to communicate with me, the treatment deemed necessary for camper’s health and well-being may be given.
3. Certify that, to the best of my knowledge, the medical information requested above is complete and correct, and that no health related situations preclude camper’s participation in camp activities.
4. Agree to assume all risk arising from camper’s participation in camp activities, including but not limited to any activities that may present risk of bodily injury.
5. Agree to save, hold harmless, discharge and release OSU for any and all liability, claims, causes of action, damages or demands in connection with camper participation in camp activities including transportation to, at, or from camp activities.
6. Understand that any medical expenses for Camper’s health and well-being will be the responsibility of the parent/guardian.
7. Agree to accept any decisions made by the Camp Director in the termination of camp attendance due to unacceptable or unsafe behavior and agree to forfeit reimbursement of any camp fees and pay any associated costs relative to the decision.
8. Authorize the camp staff to administer medications to my child (as prescribed by physician) as indicated on this form.
9. Certify that the I am the camper’s parent or legal guardian. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependant, I have read the above Parental Guardian Release and Information I understand the contents of this Parental Guardian Release and Information, assent to its terms and conditions, and sign it of my own free act.

Name of Parent or Guardian:________________________________________________________________________________

Signature of Parent or Guardian___________________________________________________ Date_________________________

{[Image]