The 2012 Oregon State Cheerleaders and Dance Team will be hosting a clinic for kids in grades K - 5. The clinic is limited to the first 150 participants. The clinic includes a t-shirt and a ticket for the participant to the game. All participants must have the insurance waiver (on the back of this page) signed by a legal guardian.

For more information, call the Oregon State Cheerleading office at (541) 230-0590.

Cheer Clinic and Performance at the
Oregon State Women's Basketball Game vs. California
Saturday, Feb. 18, 2012
Gametime: 2:00 p.m.

Theme: Mardi Gras
Location: Gill Coliseum
Registration: 10:00 a.m.
Clinic: 10:30 a.m. - 12:20 p.m.
Parents Pick-Up at Gill Coliseum: 12:20 p.m.
Performance: Halftime of Women's Basketball game

Attire: Tennis shoes are required and we ask that all participants wear black pants or shorts with their clinic t-shirt for the halftime performance. Kids are encouraged (but not required) to accessorize their outfit with the "Mardi Gras" theme.

Cost: $30.00; Additional Siblings $20.00

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

Check: please make payable to OSU
Credit Card: Visa    MasterCard    Discover
Card #: ___________________________ Exp. Date: ___________ Security Code: __________
Name on Card: ____________________________________________________________________

Must Pre-Register - NO WALK UP REGISTRATION
DEADLINE TO REGISTER - Monday, Feb. 9th
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 camper.

Camper Name_____________________________________________________________Date of Birth_______________________
Name of Camp: OREGON STATE MINI BEAVS CHEER CLINIC          Date(s) of Camp: FEBRUARY 18, 2012

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 drop off and pick up of participant and 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_________________________