

2017 NOHS Mini Dance & Cheer Clinic

Clinic Registration Form
(Please Print)

Student Name: _____

Grade: _____ Age: _____

Parent Name: _____

Parent Phone: _____

Allergies or Medical Conditions that the staff should be aware of: _____

T-Shirt Size: **(If we do not receive your order form by Friday, December 1st, we may not be able to get the size you request).**

_____ Youth Small _____ Adult Small _____ Adult X-Large

_____ Youth Medium _____ Adult Medium

_____ Youth Large _____ Adult Large

Please make sure all forms are filled out completely and turned in to the High School Athletic Office or to Ms. Caroscio at North Olmsted Middle School by **Friday, December 1st**. Participants will not be allowed to participate in the clinic unless the registration is completed.

Having read the information presented, we release, North Olmsted High School, the directors and staff of the North Olmsted Dance & Cheerleading Programs, from illness, injuries, and damages suffered as a result of participation in this clinic or traveling to and from this clinic. Our signature certifies compliance to this information and we understand that the entry fees paid are non-refundable.

Parent/Guardian Signature _____ Date _____