

## REGISTRATION FORM

Full Legal Name: \_\_\_\_\_

Parent(s)= Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Emergency contact #: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Do you currently cheer or have you had past cheerleading experience?

Stunting experience: ☐ none ☐ all girl ☐ co-ed

What kind of stunting would like to learn?

## PAYMENT

\$50 per person

Enclosed is a check payable to the University of Arizona/Cheers

or Visa/Mastercard: \_\_\_\_\_ Expires: \_\_\_\_\_

Signature: \_\_\_\_\_

Please RSVP by August 11, 2003

Mail to:

Phoebe Chalk

Assistant Athletics Director

Public Relations and Special Events

McKale Memorial Center

1 National Championship Drive room 229

Tucson, AZ 85721

Work: 520-621-6133 ext. 5

Fax: 520-626-7018

*Registration form and Assumption of Risk, Indemnity and Release from Liability form must be returned with check no later than August 11, 2003*



# U A C H E E R

The University of Arizona Intercollegiate Athletics Department  
**Office of Public Relations**  
McKale Memorial Center  
1 National Championship Drive  
P.O. Box 210096 Room 229  
Tucson, Arizona 85721

**ARIZONA**<sup>®</sup>  
CHEERLEADERS & MASCOTS



## CHEERLEADING CLINIC

Sunday, August 17, 2003

12:00PM – Registration

1:00 – 6:00PM Clinic

McKale Memorial Center

**ARIZONA**<sup>®</sup>  
CHEERLEADERS & MASCOTS



THE UNIVERSITY OF ARIZONA  
MISSION OF THE CHEERLEADERS  
AND MASCOTS

The University of Arizona Cheerleaders and Mascots, is a not-for-profit organization, which promotes crowd interaction and school spirit through cheering, tumbling skills, stunts, dance, and interactive crowd participation. Each of the cheerleaders and mascots represent the University of Arizona student body and alumni at University functions and public appearances.

THE UNIVERSITY OF ARIZONA CHEERLEADER  
AND MASCOT AFFILIATIONS

*National Cheerleading Association*  
*Universal Cheerleading Association*  
*United Spirit Association*  
*American Association Cheerleading Coaches and Advisors*

CHEERLEADING CLINIC

**You Will Learn**

- Innovative stunts
- Cheers and Chants
- Dance
- Stunting: Basket Tosses, Double Base Stunting and Co-Ed Partner Stunting
- Jumps: All Cheerleading Jumps
- Cheer Etiquette – Special questions /answer session with Arizona Cheerleaders

**Who Can Attend?**

Kindergarten – 12<sup>th</sup> grade

**What Are the Benefits?**

- Learn from cheerleading members of one of the top-10 Athletics programs in the country.
- Snack
- Clinic T-shirt
- Become a Cats Kids Club Memeber (optional)
- Perform at the Women’s Volleyball Game on Friday, September 5<sup>th</sup>



TIME LINE

*Sunday, August 17, 2003*

12:30 PM	Registration (front of McKale Ticket Office)
1:00 PM	Introductions and Stretching
1:30 PM	Cheer Class
2:00 PM	Break
2:15 PM	Jump Class
2:45 PM	Break
3:00-5:00 PM	Dance and Stunt (Grades: Kindergarten – 5 <sup>th</sup> grade)
3:00-5:00PM	Stunting (6 <sup>th</sup> – 12 <sup>th</sup> grade)
5:00 PM	Break
5:15 PM	Questions with Cheerleaders and Review Material
5:45 PM	Final Routine/ Performance for Parents
6:00 PM	Make Announcements and Excused

**ARIZONA CHEERLEADERS & MASCOTS™**



ASSUMPTION OF RISK, INDEMNITY, AND RELEASE FROM LIABILITY:

In consideration for access to the services, clinics and facilities provided by The University of Arizona Department of Intercollegiate Athletics, its officers, directors, employees, agents and volunteers, on behalf of the Arizona Board of Regents, its officers, directors, employees, agents and volunteers (collectively referred to as the “University”):

1. I acknowledge the existence of risks in connection with my use of the equipment, facilities, clinics and services provided by the University. My participation in physical education, exercise activities, clinics and other University activities is purely voluntary, and I elect to participate with full knowledge of the risks of injury or illness. I accept full responsibility for any injuries or illness that I may sustain in the course of such activities. More specifically, I acknowledge and accept the following risks:

- a. Possible accidents, injuries, medical disorders, pain and suffering, lost income and medical expenses resulting from my use of the University’s equipment, facilities, premises, clinics and other activities, including negligent instruction, supervision or failure to warn by the University.
- b. Possible injuries and medical disorders arising out of such activities include, but are not limited to, heart attack, stroke, heat stroke or exhaustion, sprains, broken bones, torn muscles, torn ligaments, nerve damage, eye injury, tendonitis and brain or spinal cord injuries, which may result in paralysis, permanent loss of bodily functions, disability or death. Cheerleading is a physical activity that involves inversion and rotation of the body, which can result in serious accidents, injuries and medical disorders.
- c. The risks listed herein may be caused by my own actions or inactions, the actions or inactions of others participating in such activities, the conditions under which such activities take place, or the negligence of the University.

2. I declare that I am in good health and physical condition, and that I am physically and mentally able to participate in the activities listed above. I acknowledge the existence of certain rules and procedures concerning my participation in clinics and the use of equipment, facilities and premises, and I agree to abide by those rules and procedures. I agree to inspect the equipment and facilities prior to participating, and to immediately report any unsafe conditions to the University. I agree that if at any time I believe the conditions of the equipment or facilities to be unsafe, I will immediately discontinue use of such equipment or facilities and notify the University. If I am injured, I authorize the University to obtain or provide emergency medical treatment, if necessary, and I will be responsible for the costs of such treatment.

3. I hereby release, discharge, and covenant not to sue the University, from any claims, liability, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by: (a) defective or dangerous equipment, facilities or University premises; or (b) the negligence of the University related to instruction, supervision, failure to warn, or the maintenance of the equipment or facilities, including negligent rescue operations or emergency medical treatment. I further agree that if I or anyone on my behalf makes a claim against the University, I will indemnify, save, and hold harmless the University from any litigation expenses, attorneys’ fees, loss, liability, damages, or costs that are incurred as the result of such claims.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

\_\_\_\_\_

Printed Name of Participant:

\_\_\_\_\_

Participant’s Signature (only if age 18 or over)

\_\_\_\_\_

Parent/Guardian’s Signature (only if participant is under the age of 18)

\_\_\_\_\_

Witness:

\_\_\_\_\_

Date:

\_\_\_\_\_

Date:

