WEBER STATE UNIVERSITY

COLLEGIATE CHEER AND DANCE CLINIC

REGISTRATION FORM

NAME _____

EMAIL ADDRESS_____

PHONE NUMBER_____

CURRENT SCHOOL_____

YEAR IN COLLEGE FALL SEMESTER_____

$25 REGISTRATION FEE: ☐ PAID

MEDICAL RELEASE FORM

I _____, have Medical and Dental Insurance with
Clinic Participant

_____/_____which effectively covers any
Medical Insurance Co. Policy Number

medical/dental costs incurred as a result of participation in the Weber State Spirit Squad Clinics

and Tryouts. I acknowledge the potential risk of injury related to physical activity associated with

participation in the Weber State Spirit Squad Clinic and Tryouts. The University, squad advisor,

coach, and clinic instructors will not be held liable for any injuries that may occur. Further, I will

provide proof of insurance in the event of an accident or injury.

Signature:_____ Date:_____