

Please Complete and Return This Paper either to:  
The Cheerleader who gave it to you: \_\_\_\_\_

Or

Gabrielino High School  
Attn: Bronte Ku  
1327 S. San Gabriel Blvd  
San Gabriel, CA 91776

Participant's Name: \_\_\_\_\_

Participant's Age: \_\_\_\_\_

T-shirt Size (please circle one)

Participant's Grade (please circle one)

YS    YM    YL    AS    AM    AL    Kinder    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>    6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>

Emergency Contact Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

### ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RELEASE

I represent that I am the parent or legal guardian or the participant (s) named herein. I am aware that there are inherent risks associated with participation in the Gabrielino High School Cheer Clinic and I, on behalf of myself and the participant(s) named herein, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of negligence of other participants. I, for myself and the participants named herein, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, Gabrielino High School, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in Gabrielino High School's Cheer Clinic.

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date

### Certification/Proof of Health Insurance

Name of Policy Holder: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_

I certify/attest that the above named individual is covered by the policy stated above and I further certify that said policy is valid in the U.S. and has the required minimum coverage as designated by the United States Department of Health.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Checks payable to Gabrielino High School**  
**FREE ENTRANCE FOR PARTICIPANTS ONLY**  
Adult game tickets \$7.00; Child ages 3-12 \$3.00