

Registration & Liability Form

Participant Name:			Age:	Grade:
Participant T-Shirt	Size: (Please circle one)			
Youth X-Small	Youth Small	Youth Medium	Youth Large	
Youth X-Large	Adult Small	Adult Medium	Adult Large	
Parent/Guardian Na	ame:			
Phone Number:				
E-Mail:				
Size(s):		nd include \$10 per extra shirt		
Medical and Liability	y Release:			
as "Participant," to p in the event of serio	articipate in the Northgler ous injury or illness, I herel I will be contacted as soo	nn Jr. Spirit Clinic. In order fo by allow any medical facility	r the participant to receive the and/or personnel to give med	r or son, hereinafter referred to ne necessary medical treatment dical care to my child. It is my as representatives harmless in the
l also contend the p Spirit Cheer and Dan		nt physical and is healthy and	l able to meet all the physical	demands of the Northglenn Jr.
		- •		Dance Team there is a possibility ant are assuming the risk of such
all the Northglenn Jr	r. Spirit Cheer and Dance 1	_	he Northglenn Spirit Teams, tl	n of the participant to and from ne Adams 12 School District, or its
Parent/Guardian Signature:			Date:	: