



Little Spartan Clinic



Registration Form (Ages 3 – *6th grade) – *Grade as of 2019-2020 school year

Clinic will be held in the SPHS Main Gym

Monday 7/15, Tuesday 7/16 and Thursday 7/18 6:00PM-7:30PM

Friday 7/19 Performance night beginning at 6:30PM

PLEASE NOTE – you do not have to fill out a registration form if you have already signed your child up to cheer for South Paulding Youth Spartans for the 2019 football season. The camp was included in your fees!

Participant Name:

Referred by:

Date of birth: _____ Grade as of 2019-2020 school year: _____

Insurance Company: _____

Group/Member #: _____

Email address:

Parent's Name: _____ Contact #: _____

Address: _____

City: _____ Zip: _____

Known health or allergy concerns:

Emergency Contact Name (other than parent):

Emergency Contact Number:

_____ Relationship:

T-shirt size: _____

Registration is \$30 (includes a t-shirt and instruction with the SPHS cheerleaders). Registration forms and payments are due by June 15th. LATE REGISTRATION: You may sign up the first day of clinic, but t-shirt can't be guaranteed by Friday's performance. You can pay online at www.southpauldingcheerclub.com or via mail: 4813 Ridge Road Suite 111 #95, Douglasville, GA 30134

If any emergency medical procedures or treatment are required by the student during the camp, I consent to the camp supervisor(s) taking, arranging for, and consenting to the procedures or treatment in his/her or their discretion.

I agree to release, indemnify, and hold harmless South Paulding Spartans Cheer Club, the Paulding County School District (District), its Board of Education, and its employees, agents, or assignees, as well as its approved adult trip supervisors from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the above-named student, or the student may have or may allege to have against the District or which may be brought against the District arising out of or in any manner relating to the student's participation in the field trips, including but not limited to the rendering of emergency medical procedures or treatment.

Parent/Legal Guardian Signature: _____
Date: ___/___/___