

Liability Waiver
Parent Release and Emergency Contact Form

I, _____ hereby give Poston Butte High School Cheer
(Parent/Guardian's Name)
and Pom permission to work with my child, _____.
(Student's Name)

I understand, that cheerleading is a very active sport and I understand that while PBHS Cheer and Pom do everything they can to ensure the safety of themselves and the Mini Broncos, injuries can potentially happen. I release Florence Unified School District, Poston Butte Faculty, coaches and current athletes from responsibility for injuries which may be sustained by my child while participating in the Poston Butte Cheer and Pom Mini Broncos Clinic.

Student's Name: _____ Age: _____

Current School: _____ Grade: _____

Home Address: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Any medical Conditions: Yes / No (circle one)

If Yes, Explain: _____

Additional Comments:

By signing below, I have read and agree to comply with the liability waiver.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Please fill out above emergency information, return the form to the coaching staff at Poston Butte High School on the day of the clinic. Registration will take place in the practice gym where the cheer/dance room is located.

Any questions, please contact Brandi Turner at bturner@fusdaz.org or to contact a coach on the day of the clinic and game, please call/text Coach Brandi at 480.243.3417.

You can also visit our website at: <https://pbhscheer.wixsite.com/pbhs>