

**2009 Marengo Union Junior Tackle Football Club
Cheerleading Clinic Policies**

GENERAL

A parent or guardian must accompany each clinic attendee to the 1st evening for clinic check in and thereafter pick up the child at dismissal each clinic day.

A [Release and Hold Harmless Waiver](#) must be signed by a parent or guardian and submitted with registration and payment.

A [Self Administration of Medication Form](#) must be completed and signed by a parent or guardian. If this form does not apply, a signed copy with N/A (not applicable) still must be returned prior to or on the 1st day of clinic. (See Medical Policies below).

A [Permission to Transport and Commence Treatment](#) form must be signed by a parent or guardian and submitted with registration and payment.

We reserve the right to suspend or terminate any student when it is deemed in the best interest of the clinic or the student.

We reserve the right to make changes to the program if needed.

The Clinics are not a school sponsored program and your school district does not endorse this activity.

REFUND

No refunds will be granted on or after May 15, 2009.

There is no refund for unattended clinic days. Unattended clinic days cannot be transferred to future clinics.

Non-negotiable payments will be subject to a \$40 service charge.

In the event of rain or inclement weather, we will move clinic activities indoors. We reserve the right to cancel the entire clinic day (or any portion of it which remains). No refund will be issued for clinic days (or portions thereof) canceled on account of inclement weather or rain. The decision to cancel and/or modify a clinic rests solely with the management, facility manager and head coaches.

MEDICAL

Clinic/Camp staff does not administer or store medicine on behalf of campers. The camper must be prepared and able to self administer any medicine needed. The health director and some clinic staff are trained in first aid and will take action in the event of an emergency. Permission to Transport form must also be completed.

[Release and Hold Harmless Waiver](#)

[Self Administration of Medication Form](#)

[Permission to Transport and Commence Treatment](#)

**Marengo Union Junior Tackle Football Club
Cheerleading Clinic Application
Registration Fee \$30.00**

You must send the **APPLICATION, RELEASE AND HOLD HARMLESS WAIVER, SELF ADMINISTRATION OF MEDICATION FORM, & PERMISSION TO TRANSPORT AND COMMENCE TREATMENT** forms together with your payment to complete your registration. Your reservation will not be confirmed or held until all paperwork is submitted in full together with your payment and mailed to: Marengo Union Junior Tackle Football Club, C/O Kathy Rondorf, 22011 West Pringle Drive, Marengo, IL 60152.

Please print information below:

Cheerleader Name:

Parent/Guardian Name:

Address:

City: State: Zip:

Day Phone: Evening Phone:

Cell Phone: Parent E-mail:

Parent's Email: Parent's e-mail is necessary for key operations materials, such as confirmation, schedule and promotional information.

Name of School Grade As of 9/1/09

Cheerleader Birthdate:

T-Shirt Size: Youth: S M L XL Adult: S M L XL

Dr. Name: Phone:

Health Insurance Company:

Health Insurance Policy Number: (Please Attach Copy of Card)

Emergency Contact: Phone:

Payment Method: Visa MasterCard Discover Check (Made Payable to MUJTFC)

Card Number: Expires: 3-Digit VIC Code

Name On Card:

Billing Address: Zip Code

If you have questions regarding credit card payments, please call (815) 568-0714 and speak to Kathy.

Credit Card Authorization Signature: _____

REGISTRATION INFORMATION. Please Read Clinic Policies Before Signing. By signing below, I acknowledge I have read and understand the Clinic Policies and agree to their terms.

Signature: _____ Name (print): _____ Date: _____

**Release and Hold Harmless Waiver
Marengo Union Junior Tackle Football Club & Cheerleading**

THIS IS A LEGAL AGREEMENT. UNDER THIS AGREEMENT, YOU ARE ASKED TO WAIVE (GIVE UP) CERTAIN RIGHTS YOU MAY HAVE. IF YOU SIGN THIS AGREEMENT YOU GIVE UP ALL OF THOSE RIGHTS. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT AND UNDERSTAND IT.

GENERAL RELEASE & WAIVER For good and valuable consideration, the sufficiency of which I hereby acknowledge, I, personally and on behalf of and as the parent and/or legal guardian of (fill in participant name) _____, and anyone acting on my behalf, including but not limited to attorneys, representatives, agents, heirs, executors, administrators, assigns, insurers, predecessors, successors or any other person or entity asserting claims through me, agree to release, indemnify, defend and hold harmless: The Marengo Community High School District #154, The Marengo Union Junior Tackle Football Club and all of their respective directors, officers, coaches and volunteers thereof (collectively, "Releasees"), from and against any and all claims, suits, losses, damages, expenses, costs, and liabilities (including reasonable attorneys' fees and expenses) which hereinafter may accrue or arise against the Releasees and which in any way arise out of or are in anyway related to (a) my child's participation in the Marengo Union Junior Tackle Football Club Cheerleading Clinic("the Camp") and/or (b) the use of my child's name, photograph, quotation, and likeness in any advertising or promotions which relate to the Camp.

PLEASE CHECK ALL THAT APPLY AND SIGN BELOW.

____ I, PERSONALLY AS THE PARENT/LEGAL GUARDIAN OF THE ABOVE NAMED CHILD, I DO HEREBY APPROVE OF THEIR PARTICIPATION IN THE ACTIVITIES OF THE MARENGO UNION JUNIOR TACKLE FOOTBALL CLUB CHEERLEADING CLINIC.

____ I, PERSONALLY AS THE PARENT/LEGAL GUARDIAN OF THE ABOVE NAMED CHILD, AFFIRM THAT MY CHILD IS IN GOOD PHYSICAL CONDITION AS IS REQUIRED FOR PARTICIPATION IN SAID CHEERLEADING CLINIC.

____ I, PERSONALLY AND ON BEHALF OF MY CHILD, ASSUME ANY AND ALL RISK THAT IS IN ANY WAY ASSOCIATED WITH, RELATED TO OR OCCURS AS A RESULT OF MY CHILD'S PARTICIPATION IN THE CLINIC.

____ I, PERSONALLY AND ON BEHALF OF MY CHILD, HEREBY GIVE RELEASEES, OR ANY ONE OF THEM, PERMISSION TO USE MY AND/OR MY CHILD'S NAME, PHOTOGRAPH, QUOTATIONS AND LIKENESS IN ANY ADVERTISEMENTS OR PROMOTIONS PERFORMED IN CONNECTION WITH THE CLINIC AND AGREE THAT NEITHER I NOR MY CHILD SHALL BE ENTITLED TO ANY COMPENSATION FOR SUCH USE.

Parent or Legal Guardian Signature _____

Date _____ Printed Name _____

Mail this form to Marengo Union Junior Tackle Football Club
22011 West Pringle Drive
Marengo IL 60152

Please staple all sheets together

I have reviewed these forms on 6/24/09 & all
Information is current.

Initialed by parent/guardian _____

Medical Information Sheets – All Pages Must be Completed In Full
Please do not combine children – a separate form for each child must be filled out

Self-medication Permission
Marengo Union Junior Tackle Football Club – Camp & Clinic
Wednesday, June 24 thru Saturday, June 27, 2009

Camper's Name: _____ Age as of June 24, 2009 _____

If this page does not apply to your child – please fill out child's name, put N/A (not applicable), and sign and date. Continue to page 3.

PARENT/GUARDIAN AUTHORIZATION

My child has a physical condition which requires him/her to receive medication as quickly as possible in order to avoid a medical crisis. In the interest of his/her personal well being, I hereby grant my child the authority to carry his/her medication (medication name) _____ and to **self-administer** it as directed by the prescribing physician when needed. **All medication must be clearly labeled with child's name.**

Condition requiring possession of medication and self-medication: _____

The above-named child may possess and use _____ by self-administration. He/she has been instructed in its proper possession and use. The Marengo Union Jr. Tackle Football Club and all of their respective directors, officers, coaches, volunteers, affiliates thereof will in no way take custody of, administer, or be responsible for the said medication.

In granting this permission for my child to possess medication and self-medicate, I hereby absolve the Marengo High School District #154, the Marengo Union Junior Tackle Football Club and all of their respective directors, officers, coaches, volunteers, affiliates thereof (collectively, "Releasees"), from any liability or legal responsibility for any condition that may arise from the administration or lack of administration of such medication.

Parent/Guardian Signature: _____ **Date:** _____

NOTE: A completed and signed copy of this form must be sent with your registration forms and if anything changes from then until 1st day of the camp, it is up to you to provide a new form to the Director.

Self-medication Permission

Pursuant to Illinois law, please complete the following information. (Use back side if necessary):

- Medication Name _____ Dosage _____

- Method of administration _____ Frequency and timing of Medication _____

- Date of Prescription or Order: _____ Other Medical Conditions Requiring Medication: _____

- Specific Recommendations for Administration: _____

- Side Effects, Contraindications and Adverse Reactions to be Observed: _____

- Any severe adverse reactions that may occur to another child, for whom the epinephrine auto-injector or inhaler is not prescribed, should the other child receive a dose of the medication.

Permission to Transport and Commence Treatment Form

Camper's Name: _____ Birthdate: _____

PARENT/GUARDIAN AUTHORIZATION

I, as the parent and/or legal guardian _____ for the above child, hereby grant permission for 911/Rescue to be called in case of an emergency. I also hereby grant permission for my minor child to be transported to the nearest hospital, unless otherwise noted, and give permission for the Hospital to commence treatment until I and/or a legal guardian for the above child arrives.

Parent/Guardian Signature: _____ **Date:** _____

If circumstances allow, I would prefer my child to be transported to: _____

We will make every effort to contact you, please provide the following:

Emergency Contacts:

Name _____ Phone Home/Cell () _____

Name _____ Phone Home/Cell () _____

Name _____ Phone Home/Cell () _____

Medications and/or OTC drugs child is currently taking:-

Any medical conditions and/or allergies or food allergies:

