

Haverford High School Cheerleading Competition
ALL PARTICIPANTS MUST COMPLETE AND RETURN THIS FORM
IN ORDER TO PARTICIPATE.

Cheerleader's Name: _____

Team Name: **CB South**

Home Address:

Home Phone: _____

In case of emergency please call:

Name: _____ Phone: _____

Relationship to cheerleader: _____

Insurance Company: _____ Policy Number: _____

Any medical conditions and or allergies that your daughter suffers from, please describe below:

Release Statement

The undersigned releases from any liability the Haverford HS Cheerleaders, Coaches, School District and any other employee of Haverford School District for any expenses, charges, other costs or claims for damage or injury because of his/her participation in the competition.

Participant's Name (Please Print) Signature of Participant

Team Signature of Parent or Guardian

Date

~~Directors/Coaches, please collect and mail all your forms to the following address or you can bring your forms with you the day of the competition.~~

~~Michelle Mensack
417 Oxford Road
Havertown, Pa 19083~~