Tri City Parks and Recreation District Registration
Hiphop/Cheer/Tumbling *Instructor: Madison Sanborn*

K-12th Grade

September 16th-October 17th

Practices will be held on Tuesday and Wednesdays at TCPR Studio. Practice day/time vary, please check the studio schedule. Cheerleaders will cheer at selected games and hiphop/tumbling will have a ending performance-TBD

Cheer- $40 includes shirt/Hiphop- $30 includes shirt/Tumbling -$30 includes shirt

Register by September 5, 2025

Participant Name _____ Age_____DOB _____Grade_____

Please Circle Class/classes: Cheer Hiphop Tumbling

Allergies or Health Issues we should be aware of:_____

_____

Shirt Size_____

Parents Name:_____

Phone: _____ Mailing Address: _____

Email: _____

Emergency Contact Name/Phone Number:_____

_____ _____ _____

We, the parents/guardians of the above named child, hereby give permission for him/her to participate in this activity.

I/We know that participation in this activity may result in serious injury and protective equipment does not prevent all injuries to players. I/We hereby waive and release Tri-City Parks and Recreation District Employees a/nd Board, PCSD#2, the Town of Guernsey, coaches, organizers, volunteers, sponsors, participants and any person(s) transporting my child to and from this activity from any and all liability of any nature for injury or damage which I/We, my/our child, my/our family or anyone accompanying me/us while participating in, attending or while in the area designated for such activities may occur.

By signing this, I/We understand my/our child's photographic images may be used in advertising, local newspapers, Facebook posts, etc.

I/We give consent for emergency medical treatment to begin while efforts are being made to contact me/us as approved by his/her coach, manager or other adult escort, in case of illness or injury while participating in any and all levels during this activity. I accept responsibility for all costs related to such treatment.

_____ _____ _____

PRINT Parent/Guardian SIGNATURE Parent/Guardian Date

Registration Fee:	Cash $	Check $	Check #	Receipt #
Date: _____ Signature: _____ Comments: _____				

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