

(ATTENTION: Dates changed to Mar. 26 & April 2, 2009)
***NEMCC College Prep CLINIC Registration Form**

Name: _____ D.O.B: _____

School: _____ Grade: _____

Date of clinic(s) you are registering for: _____

Address: _____

Phone: _____

Emergency Contact: _____

Are you to try out for the NE cheerleading squad? Yes () No ()

Do you have any medical conditions that we should be aware of? If so, please list and explain:

Are you in good physical condition? _____

- *In addition to this form you MUST also complete and sign the liability form.*
- *If under 18 years of age your parent(s)/legal guardian(s) MUST sign it before you will be allowed to participate.*