



**You are cordially invited to Radnor Cheerleading**

# ***Cheerful Afternoon***

**When:** Saturday, December 10<sup>th</sup>

**Time:** 3:30 p.m. – 7:00p.m.

**Where:** Radnor High School  
130 King of Prussia Road  
Wayne, Pa 19087

**Ages:** K-8<sup>th</sup> Grade

**Cost:** \$30 per attendee with a \$5.00  
discount for each additional sibling



**Holiday crafts, candy cane hunt and other games, learning cheers, and stunting with our cheerleaders. Pizza and snacks will be provided!**

**Please fill out the bottom portion and attached waiver – one for each attendee.**

**Please email it back to: [RadCheerleading@gmail.com](mailto:RadCheerleading@gmail.com)**

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Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Emergency Contact and Phone #: \_\_\_\_\_

Allergies / Medical Conditions: \_\_\_\_\_

Method of Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Payable to Radnor Cheerleading  
or \_\_\_\_\_ Venmo - @Rob-Hubley our Cheer Treasurer



# Radnor Cheerleading Cheerful Afternoon

## WAIVER

This waiver form must be signed by the child's parent or guardian.

### Statement

I understand the Radnor Township School District, its staff and employees, and the Radnor Cheerleaders are not responsible for any accident or injury occurring to (camper) \_\_\_\_\_ while attending the Cheerful Afternoon Clinic.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please list any pertinent medical information of which our staff should be aware:

\_\_\_\_\_  
\_\_\_\_\_

### Authorization and Consent to Medical Treatment for a Minor Child

I, (parent/guardian) \_\_\_\_\_, state that I am the natural parent and/or have legal custody of (child's name) \_\_\_\_\_.

I give permission for my child to receive: \_\_\_\_\_ Tylenol \_\_\_\_\_ Benadryl, if necessary.  
I authorize the head coach and camp director to consent to any examination, anesthetic, x-ray, medical or surgical diagnosis or treatment, and/or hospital care to be rendered to this minor under the general conditions of special supervision and on the advice of any physician or surgeon licensed to practice when efforts to contact me are unsuccessful.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Emergency Phone #

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Insurance Policy Carrier

\_\_\_\_\_  
Policy #

**\*\*I give consent to allow my child in videos and photographs during the clinic.\*\***

\_\_\_\_\_  
(Parent/Guardian Signature)

Radnor H.S. Cheerleading – 130 King of Prussia Road, Wayne, PA 19087