

Spend a fun morning with the EHS Cheer Squad learning cheers, dances, jumps, & stunts. Then Shine Bright as all the young stars show off what they learned during an EHS Football Game.

\$20.00 (Includes T-Shirt)

Registration Deadline: August 17, 2022

SCH

Cash Check Credit Name:

Fee:

Age/Grade:	Preschool –6 th Grade		
Date/Time:	August 20th 9:00am-1	1:30am (Performance to follow)	
Location:	Ellis High School Foo	otball Field	
	ce: EHS Varsity Football game on September 2, 2022		
	•	n and EHS Cheerleaders	
Print Childs Name:			
Address:		City:	
Date of Birth:	Grade:		
Shirt Size: YS YI	M YL AS AM AL A	XL	
Print Father's Name)	Ph	
Print Mother's Nam	e	Ph	
Emergency contact:	(Other than parent/legal gu	uardian)	
Name	Ph		
List medical conditi	ons/allergies if any:		
Dloogo Dotum Fom	m to. Ellis Doorgation Co	mmission 1204 Washington Ellis	
		mmission, 1204 Washington, Ellis, he Schools. Phone: (785) 726-3718	

CONSENT FOR EMERGENCY MEDICAL AND DENTAL CARE: I appoint the ERC staff, instructo and volunteers as my agent and representative for the purpose of authorization of emergency medical and dental treatment deemed necessary by duly credentialed physician, dentist, or health care provider. My con
sent authorizes ambulance service, admission to a hospital, examination (to include X-rays), anesthesia, the use of drugs and medication, and necessary surgery recommended by such medical personnel for the purpo of saving life or to reduce further injury and harm. I acknowledge that payment of such medical treatment
my obligation and that such treatment will be sought only in the event of an emergency. WAIVER RE- LEASE STATEMENT: As a participant in this program, I recognize and acknowledge that there are certa
risks of physical injury and I agree to assume the full risk of any injuries, including loss of life, damages or loss which I may sustain as a result of participation in any and all activities connected with or associated wi
such program. I further agree to waive and relinquish all claims, full release and discharge and agree to in- demnify and hold harmless and defend the ERC and its officers, agents, servants, and employees from any
and all claims resulting from injuries, including loss of life, damages, and losses sustained by me and arisin out of, connected with, or in any way associated with the activities of the program. The undersigned and participant authorize the ERC to use at its discretion any photograph(s) taken of the participant while partic
patition any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproduc-
tions thereof. WAIVER OF LIABILITY/RELEASE FOR COMMUNICABLE DISEASES INCLUD-ING COVID-19: In consideration of being allowed to participate on behalf of Ellis Recreation Commis-
sion athletic program and related events and activities, the undersigned acknowledges, appreciates, and agree that: Participation includes possible exposure to and illness from infectious diseases including but not limit to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH
RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation; and, I willingly agree to comply with the state
and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove
myself from participation and bring such to the attention of the nearest official immediately; and, I, for mys and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND
HOLD HARMLESS Ellis Recreation Commission their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises
used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCLOF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
Name of participant:
Participant signature:
Date signed:
I, the Parent/Legal Guardian of the above named participant have read and understand the "Consent for Emergency Medical and Dental Care" and the "Waiver Release Statement." I have read and explained the provisions in the COVID-19 waiver/release to my child/ward including the risks of presence and participati and his/her personal responsibilities for adhering to the rules and regulations for protection against commun
cable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Re-
leasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these active
ties as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided blaw. I agree to abide by all policies and guidelines set forth by the ERC regarding this program.
Name of parent/guardian:
Parent guardian/signature:
Date signed: Parent Email:

REGISTRATION DEADLINE AUGUST 17, 2022