Want to be a “USC Jr. Song Girl” and perform at the halftime of a *USC Basketball game*?

USC Song Girls are hosting a Cheer and Dance Clinic for girls age 4 – 17 years old. Following the clinic, perform at the USC Men’s Basketball game vs. Oregon State in the Galen Center.

**When:** Saturday, February 14, 2015  
Clinic from 10:30 am – 12:30pm  
Game: 2:00 pm (perform at halftime)

**Where:**  
Clinic Location: USC Lyon Center  
Game/Performance: USC Galen Center

**Fee:** $100.00 per student (must pre-register)  
(Fee includes: Clinic instruction, “USC Jr. Song Girl” T-Shirt, One Participant ticket and One Adult Ticket to the basketball game.)  
*** Additional tickets are available for purchase at $10/each prior to clinic. Please include order and payment with registration.***

Come learn a cheer and dance at the clinic and show them off at the USC Basketball Game!

*Don’t miss this opportunity!!! Space Limited!!! Application available online at [www.usc.edu/recsports/spirit/song](http://www.usc.edu/recsports/spirit/song)*

For more info call: 213-740-8120
Registration Form

Please Print Neatly…

Dancer Name: ________________________________ Age: ___________

Parent Name: _______________________________________________________

Home #s: ___________________ Cell # : ________________________________

Home Address: _______________________________________________________

City, State, Zip _____________________________

Email : _____________________________________________________________

Referred by (team or school): __________________________________________

Please indicate Cheer/Dance Experience…

Beginning _____ Intermediate _____ Advance _____

Please indicate T-Shirt Size…

Child S _____  Child M _____  Child L/Adult S _____  Adult M _____

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Please make checks payable to: USC Song Girls $100.00

Please remit this form along with checks to:
University of Southern California
Lyon University Center
Los Angeles, CA 90089-2500
Attn: Justine Gilman
Lori Nelson

Registration Deadline: February 6, 2015

Office Use Only…
Agreement of Compliance
Medical Treatment, Liability Release, and Appearance Agreement

Coordinator/Coach/Advisor/Parent: An agreement of compliance must be read and signed for each member on your team in order for her to participate in the USC Jr. Song Girls Clinic.

Participant’s Name:_____________________________________School/Group_____________________________
Home Address:________________________________________City/State/Zip______________________________
Home Telephone_______________________________________Date of Birth______________________________
Parent’s Name_________________________________________Day Phone__________________________
Insurance Company_____________________________________Policy #__________________________________
If parent cannot be reached, please contact_________________________________Phone____________________
Have you had any serious illness, surgery or injury?  If yes, please describe and when_________________________
_____________________________________________________________________________________________
Do you have any medical problems or allergies that may interfere with this camp/clinic?________________________
_____________________________________________________________________________________________
Describe the problem or limitations_________________________________________________________________
Do you have medication for this, with you? Please describe____________________________________________
_____________________________________________________________________________________________
I understand that there are risks of physical injury (including but not limited to cuts, sprains, broken bones, and/or catastrophic injury) associated with, arising out of and inherent to the activity taking place at this event. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all rights and/or causes of action of any kind, including any and all claims of negligence, arising as a result of such activity from which liability could accrue to University of Southern California, agents, employees and instructors (hereinafter collectively referred to as “USC Jr. Song Girls Clinic”).

I hereby agree to release “USC Jr. Song Girls Clinic” and hold “USC Jr. Song Girls Clinic” harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in this camp/clinic on behalf of the participant.

I am aware that this is a release of liability and acknowledgment of my voluntary and knowing assumption of risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation.

I understand that “USC Jr. Song Girls Clinic” produces promotional material about their program. I understand that my son/daughter may be included in video tape or photography taken during this event. I hereby grant “USC Jr. Song Girls Clinic”, its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and/or video tape my son/daughter and further to utilize my son/daughter’s name, face, likeness, voice and appearance as part of the event, and in advertising and promotion of the event, without reservation or limitation. In granting this license, I understand that “USC Jr. Song Girls Clinic” is under no obligation to exercise any of its rights, licenses and privileges herein granted.

If I am a minor, my parent and/or legal guardian has signed this document releasing “USC Jr. Song Girls Clinic” from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risk of injury inherent to this activity/camp.

The above named student has my permission to attend/participate in the USC Jr. Song Girls clinic. I warrant the above information is complete and correct. I have completely read and understand the above release information. I hereby authorize the camp director or their agent to act in my behalf to provide emergency medical treatment. I further release University of Southern California and clinic staff of all liabilities associated with my child’s attendance at the clinic.

Parent/Guardian Signature:_________________________________________Date:____________________

Rev. 11/11