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 Basketball game vs. University of Washington in the Galen Center.

When: Saturday, January 30th, 2016
Clinic from 9:30 – 11:00 am
Game: 12:00 pm (perform at halftime)

Where: Clinic Location: USC Lyon Center
(Please meet in Lyon Center on USC Campus. Enter from Gate # 5)
Game/Performance: 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!

Come learn the top cheer and dance techniques 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

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

Registration Deadline: Friday, January 22nd, 2016

Office Use Only…

Date Received ________ Check # ________  Amount $ ________
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, Alice Chien, Jeni Waters, its officers, 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 Pop Stars pro 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, Alice Chien, Jeni Waters, clinic staff of all liabilities associated with my child’s attendance at the clinic.

Parent/Guardian Signature: __________________________ Date: __________________________

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