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

The USC Song Girls are hosting a Cheer and Dance Clinic for girls ages 4 – 17 years old. Following the clinic, your Junior Song Girl will perform at the USC Basketball game vs. Washington in the Galen Center.

When:   Saturday, March 4th, 2017
         Clinic from 1:00 – 2:30 pm
         Game: 3:30 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 #:___________________________Cell #:_____________________________

Home Address: _________________________________________________________

City, State, Zip________________________________________________________

Email: __________________________________________________________________

Referred by (team or school):______________________________________________

Please indicate Cheer/Dance Experience…

Beginning _____  Intermediate _____  Advanced _____

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, February 24, 2017

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, assigns, 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:____________________

Rev. 12/05