

# LYNN O'BRIEN CHEER & DANCE • REGISTRATION FORM

Name: \_\_\_\_\_ Age As Of Start Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

E-Mail: \_\_\_\_\_

**OFFICIAL T-SHIRT:** (Please Select Size) YOUTH  XS  S  M  L  XL | ADULT  S

**EVENT TYPE & DATE:**  CAMP \_\_\_\_\_  CLINIC \_\_\_\_\_  CLASS \_\_\_\_\_

**PAYMENT METHOD:**  Check  Money Order | **AMOUNT: \$** \_\_\_\_\_

**WHERE DID YOU HEAR ABOUT "LYNN O'BRIEN CHEER & DANCE?"** \_\_\_\_\_

**RELEASE WAIVER:** \_\_\_\_\_ has my permission to participate in any/all of the Lynn O'Brien Cheer & Dance Camps, Clinics or Classes. She is in good health and has no condition, which should prevent participation. It is agreed that neither Lynn O'Brien, nor any sponsors, nor its coaches or assistants, nor the location(s) or their associates assume any legal liability for injuries or other losses from participation in the camp. I understand when practicing & performing cheers and dances injury may occur from participation. I hereby give permission for my child's /camper's photograph/image or likeness to be used for promotional purposes.

\_\_\_\_\_  
SIGNATURE (PARENT/LEGAL GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT:** As the parent/legal guardian of \_\_\_\_\_, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be administered under whatever conditions are necessary to preserve his/her life, limb or well being of my dependent.

\_\_\_\_\_  
SIGNATURE (PARENT/LEGAL GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_



**For additional information please contact  
Lynn O'Brien at [913] 424-2919.**

Return this form, along with payment to:  
**Lynn O'Brien Cheer & Dance  
13915 West 143rd Court  
Olathe, KS 66062**

Please make checks or money orders  
payable to: **Lynn OBrien and Assoc. Inc.**