

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. Stanford in the Galen Center. Come learn elite cheer and dance techniques and show them off!

When: Saturday, January 18th

Check in begins @ 12:30pm

Clinic from 1:00 pm – 2:30pm

Game: 3:30 pm (perform at halftime)

Where: Clinic Location: USC Lyon Center

Game/Performance: USC Galen Center

Fee: \$120.00 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 \$15/each prior to clinic. Please include order and payment with registration.*

**For groups of 10+ contact Lori for potential discount*



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** _____ **Advance** _____

Please indicate T-Shirt Size...

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

*Please make checks payable to: **USC Song Girls \$120.00***

Please remit this form along with checks to:

University of Southern California

Lyon University Center

Los Angeles, CA 90089-2500

Attn: Mike Munson

Lori Nelson

Registration Deadline: Friday, January 17th

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, 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: _____

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