

**OTTAWA UNIVERSITY
CHEER/YELL TEAM REGISTRATION FORM**

Participant's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Parent's Names _____

Contact In-Case of Emergency _____

Emergency Phone Number _____

WAIVER STATEMENT

I do hereby give permission for my daughter/son _____ to attend and participate in the Ottawa University Cheer/Yell Team Try-Out. I understand that Ottawa University is not responsible for any injury, accident or illness that occurs before, during or after the Ottawa University Cheer/Yell Team Try-Out.

Parent's Signature _____ Date _____

Participant's Signature _____ Date _____

Return on/or before March 10, 2007 to:

Kathy Hinderliter
Cheer Advisor
Ottawa University
1001 S. Cedar #7
Ottawa, KS 66067
785-242-5200 ext. 5420
800-755-5200 ext. 5420
katherine.hinderliter@ottawa.edu

**PLEASE NOTE: YOU WILL NOT BE ALLOWED TO PARTICIPATE IN
THESE TRY-OUTS WITHOUT THIS FORM COMPLETED AND SIGNED.**