

**Pearl River Community College Cheerleading Application  
for the 2013-2014 School Year**

**Please mail application, medical release and fee to:  
(\$25 Application fee made payable to PRCC Foundation)**

**PRCC Development Foundation**

**Attn: Candace Harper**

**PO Box 5389, Poplarville, MS 39470– (non-refundable)**

**Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

**Age:** \_\_\_\_\_ **High School Attended:** \_\_\_\_\_

**High School/College GPA:** \_\_\_\_\_

**Cheerleading Experience:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information**

**Name of emergency contact:** \_\_\_\_\_

**Relationship to participant:** \_\_\_\_\_

**Emergency contact phone number:** \_\_\_\_\_

**Pearl River Community College Cheerleading  
Medical Release Form**

**I, in my own behalf or on behalf of Minor, acknowledge and agree that such participation subjects participant to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of Minor, acknowledge that the participant is assuming the risk of such illness or injury by participating in the event. In the event of such illness or injury, I authorize Pearl River Community College and its representatives to obtain necessary medical treatment for participant and hereby, in my own behalf and on behalf of participant, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of participant for any illness or injury that the participant may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs. I represent that any medication to which participant is allergic or medications that participant is currently taking are listed below. I agree that the participant shall bring medications which he / she is currently taking with him / her to the Event and that he / she shall consume the prescribed dosage for such medications.**

**Medications (if any):**

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**Allergic to (if any):**

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**I acknowledge that the participant suffers from the following conditions:**

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**I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Event will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.**

**Signature of Parent or Legal Guardian:**

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to Minor:** \_\_\_\_\_

**Participants signature :** \_\_\_\_\_