

Athletic Waiver

Pacetti Bay Middle School Cheerleading Clinic

I give my child permission to participate in the PBMS Cheerleading Clinic. I understand that I cannot hold the coaches, Pacetti Bay Middle School, or St. Johns County Schools accountable for any accidents or injuries that occur during the normal activities of the clinic.

Student Name: _____

Student Grade Level 2019-2020 School Year: _____

Parent/Guardian Name: _____

Phone Number: _____

Signature of Parent/Guardian Date