



Fax- 410-579-8887
www.baltimoreravens.com

2012 Baltimore Ravens Cheerleader Prep Class Registration Form

Prep Clinics on February 7th and 18th are provided by the Baltimore Ravens Cheerleading Coaching Staff and former Baltimore Ravens Cheerleaders. The purpose of the clinics is to provide prospective cheerleaders with information and the best inside preparation for try-outs on March 3rd.

General Info

- **1st Clinic:** Tuesday February 7, 2012 Time 6:00-8:30PM
- **2nd Clinic:** Saturday, February 18, 2012 Time 10:00-1:00
- Cost per clinic: \$55 pre-registration: \$65 walk-ins (**cash only**)
- **If you attend both the cost would be a total of \$95 a savings of \$15 for pre-registered only.** This discount is only valid for preregistration.
- Location: Baltimore Ravens Facility: Directions will be provided upon registration
- Age requirement for clinics: Must be 16 by February 1, 2012
- Age requirement for try-outs: Must be 18 by July 1, 2012
- No refunds after deadline dates listed above
- Spectators are **not** permitted to attend the clinics unless it is a parent/driver that is providing transportation, that parent/driver may not enter the training facility
- Attire: Athletic apparel and tennis, cheer or dance shoes (remember it is very cold in field house)

Registration Deadline: February 2, 2012

Registration Deadline: February 16, 2012

Registration Procedure

- **Faxed Registrations:** Registrations must be submitted with the total payment. Faxed registrations must be accompanied with credit card payment in order to reserve your space.
- **Mailed Registrations:** Please mail to: Tina Galdieri, Baltimore Ravens, 1 Winning Drive, Owings Mills, MD 21117. Mailed applications must be accompanied by check or credit card to reserve your space. Checks are made payable to the Baltimore Ravens and all checks with insufficient funds will be subject to an additional \$15 payment.
- An email and letter confirmation will be sent with driving directions, prep class information and a medical/photograph release form.
- All participants, including those that are not 18, will be required to sign or bring the medical/photo release form upon arrival to the class. **Participation will not be permitted without the forms, no exceptions.**
- Try-out apparel, photography, and nutrition information will be available for purchase or scheduling at both prep classes.
- If there is inclement weather there will be a notice on the alert bar of www.baltimoreravens.com.

Registration Information (print with pen clearly)

Name _____

E-mail (**required**) _____ (confirmations by email only)

Mailing Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening _____ Fax _____

Please circle/check which Prep Class Date (you are welcome to attend both classes check both)

Tuesday, February 7, 2012 _____ (6:00-8:30 PM)

Saturday, February 18, 2012 _____ (10:00-1:00 PM)

Payment Information

Payment Type: Please check and fill in all information

___ Check (# _____) ___ Money order # (_____)

Credit card

___ Visa ___ Master Card ___ American Express

Credit card # _____ Exp. date _____

Print Name of cardholder _____ Signature of card holder _____

WAIVER AND ACKNOWLEDGEMENT

EVENT: Cheerleader Prep Clinic

DATE: Thursday February 7th and Saturday February 18, 2012

LOCATION: BALTIMORE RAVENS FACILITY

ADDRESS: ONE WINNING DRIVE, OWINGS MILLS, MD 21117

As a participant or spectator at today’s event, I recognize and acknowledge that the activities I will be engaging in involve a risk of personal injury to myself and others. Nevertheless, I am voluntarily participating as a participant or spectator with knowledge of the possible danger involved. **I hereby voluntarily assume and accept any and all risks of injury to me or any other person that may result from my activities as a spectator or participant, regardless of how such injury may arise and regardless of who is at fault or negligent.**

I understand and agree that by signing this Waiver and Acknowledgement I am releasing and discharging the Baltimore Ravens, the respective affiliates, officials, officers, directors, partners, shareholders, agents, contractors and employees (collectively, the “Other Beneficiaries”) as **additional insureds**, from any and all claims demands, or causes of action are based on fault or negligence or not.

I acknowledge that although I have signed this waiver and have elected to attend this event, I am not an employee of any Releasees, and therefore, I am not covered by any workers’ compensation insurance or by any insurance of any type that may have been obtained by any of the Releasees.

I have read this Waiver and Acknowledgement carefully and fully understand its contents. I am aware that this is an agreement not to sue the Releasees and constitutes a complete release of liability by me in favor of the Releasees. I acknowledge that I am signing this document of my own free will, with full knowledge of the risks I am assuming, which include, without limitation, the risk of injury or death regardless of how it occurs and even if it results from the neglect or fault of the Releasees.

I have read and understand the foregoing release and sign it voluntarily.

Signature of spectator/participant

Signature of PARENT OR GUARDIAN
(If spectator/participant is a minor, under age 18)

Name of spectator/participant
(Please Print)

Name of PARENT OR GUARDIAN
(Please Print)

Address

Address

City & State

City & State

Date: _____



PLEASE READ, SIGN AND RETURN WITH COMPLETED APPLICATION

PUBLICITY RELEASE

BALTIMORE RAVENS

CHEERLEADER PUBLICITY RELEASE

THE UNDERSIGNED DOES HEREBY GRANT THE BALTIMORE RAVENS PARTNERSHIP, DOING BUSINESS IN THE STATE OF MARYLAND AS THE BALTIMORE RAVENS, AND ITS SUCCESSORS AND ASSIGNS (THE "RAVENS"), THE UNRESTRICTED RIGHT TO USE THE UNDERSIGNED'S NAME, LIKENESS, OR APPEARANCE ON ANY FOOTBALL OR SIMILAR CARDS, POSTERS, CALENDARS, PHOTOGRAPHS, VIDEO MATERIAL, FILM MATERIAL, ELECTRONIC ON -LINE SERVICES, OR OTHER SIMILAR PROMOTIONAL MATERIAL IN ANY FORM, CONTENT OR MEDIUM IN ORDER TO PROMOTE OR MARKET THE RAVENS.

THE UNDERSIGNED DOES HEREBY EXPRESSLY RELEASE AND WAIVE ANY DEMAND, ACTION, CLAIM, LICENSE, ROYALTY, OR ANY OTHER FORM OF PAYMENT THE UNDERSIGNED, AND HIS OR HER AGENTS, REPRESENTATIVE OR ASSIGNS, MAY HAVE BASED ON CLAIMS OF THE UNDERSIGNED AS TO THE RIGHTS OF PRIVACY, PUBLICITY, NOTORIETY OR ANY OTHER RIGHTS ARISING OUT OF OR RELATING TO ANY USE BY THE RAVENS OF THE UNDERSIGNED'S NAME, LIKENESS OR APPEARANCE.

NAME PRINTED: _____ SIGNATURE: _____

DATE: _____

IF THE PARTICIPANT IS UNDER THE AGE OF 18 YEARS AS OF JULY 1, 2012, SIGNATURE OF A PARENT OR LEGAL GUARDIAN IS REQUIRED. AS PARENT/LEGAL GUARDIAN OF THE ABOVE STATED PARTICIPANT, I HEREBY AGREE AND ACCEPT ALL OF THE ABOVE STATED TERMS ON BEHALF OF MY DEPENDENT.

NAME PRINTED: _____ SIGNATURE: _____

DATE: _____