



Sehome Junior Cheer

Clinic Date: Friday, October 12, 2018:

3:00-5:00: Elementary School Clinic

4:00-6:00: Middle School Clinic

Football Game: Saturday, October 13, 2018, 6:30 p.m.

Join the Sehome High School Varsity Cheerleaders to learn the basics of cheer at our Friday clinic and then perform cheers with the cheerleaders during the first quarter of the football game.

Who: Kids Grades K-8th grade

Cost: \$20/child, payable at the beginning of the first clinic date, cash or check to Sehome ASB

Where: Clinic at Lowell Elementary School, Game Day is at Civic Field

Wear: Comfortable clothing and sneakers for the clinic, any green and gold (dress warm) for the game.

Please email sehomejrcheer@gmail.com with any questions or to confirm your child's spot, and bring the attached registration/release form to the clinic date (or fill it out at drop off).

Clinic Day: Arrive by 3:00 p.m. for registration (elementary) or 4:00 (middle school/schools with later release times), kids will practice cheers, chants and jumps for game day. Picture opportunities with the cheerleaders at the end of practice.

Game Day: Arrive at 6:30 p.m. Jr. Cheer participants are admitted free, family and friends will need to pay game admission prices. Pick up kids at the end of the first quarter and have them join you in the stands for the remainder of the game.

Registration Form:

Student's Name: _____ Grade: _____

Parent's Name: _____

School: _____

Phone Number: _____ Cell Phone: _____

Email: _____

Other person to contact in case of emergency: _____

Emergency Contact Person's Phone _____

Health Information:

Any health conditions or allergies that we need to be aware of? _____

Any activity restrictions? _____

Doctor Name: _____ Phone Number: _____

Permission/Hold Harmless Agreement

I/we, _____ (parent(s)), give permission for my child to attend the Sehome Jr. Cheer Clinic and Game Day performance. I/we as parent(s) and/or natural/legal guardians of my/our child understand and recognize that there is always inherent risk of bodily injury and harm associated with any athletic activity, including Cheer. I/we confirm that my child is physically capable of participating in Jr. Cheer, and that my child's participation is voluntary and I/we assume full responsibility for personal injury, accidents or illness, and related expenses.

In the event of injury, I/we give my/our permission to adult chaperones at the Jr. Cheer clinic to provide basic first aid and consent to emergency medical care, if required. I/we further authorize any emergency medical treatment for my child and accept financial responsibility for such emergency care and treatment.

_____ (signature)

Date: _____

Print Name _____