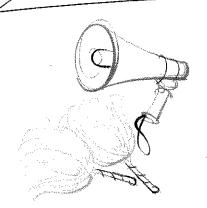
## 4th Annual Greenfield Central High School Cheerleading Clinic

Hosted by the G-CHS Cheerleaders Saturday, February 7th, 2015



## Cheer Clinic — Grades K-6th

TIME: 2:30—4:30pm

Registration begins at 2pm

WHERE: Greenfield Central High School Fieldhouse

**COST:** \$25—non-refundable

WHY?: Great opportunity for an introduction to cheerlead-

ing or to improve cheerleading skills.

\*Learn proper motions and technique, jumps, and a cheer/dance routine!

\*Meet the HS Cheerleaders and enjoy fun games and activities.

\*Registrations & payment received by Jan 20th will receive a FREE Cheer Clinic T-Shirt and hair bow for the performance.

\*Perform Feb. 7th during half time of the Varsity Game!!

\*Clinic will be taught by current G-CHS Cheerleaders and supervised by current program coaches.

To REGISTER: Please fill out registration form on the back and return to Greenfield Central High School before 1/20/2015 with a payment of \$25 per participant and \$10 for each additional sibling. Registration and payment received after 1/20/2015 are accepted but does not guarantee the clinic T-Shirt or Hair Bow. You may also Mail the form and check payable to:

#### **Greenfield Central High School**

Attn: Rebekah Cerqua

**810 North Broadway Street** 

Greenfield, IN 46140

\*\*\*Please wear athletic shoes and clothing. Hair must be pulled back and off the shoulders. For safety purposes no jewelry or gum is permitted. If you have any questions please feel free to contact Rebekah Cerqua at rcerqua@gcsc.k12.in.us

## 4th Annual Cheerleading Cheer Clinic-Hosted by the G-CHS Cheerleaders

# Registration Form

Name:		Grade:
Phone:	Address:	
Email:		
Shirt Size: You	uth S M L XL or Adult S	M L XL (Circle One)
	roadway St., Greenfield, IN 4614	erqua Cheerleading Coach; Greenfield 10. Please include your nonrefundable
G-CHS Cheerleading Clinic Medic	al and Liability Release:	
squad. I/We understand that our son/dowhich he/she will be asked and expecte that cheerleading is an activity in which pation in cheerleading activities in gene also discussed this with our child and arry or death and the risks involved, we st	aughter is required to be in good physical of the participate in, are strenuous and re the risk of injury is high; that any one of ral could lead to serious injury, including mong ourselves. Despite this understand ill consent to the participation in this act, our son/daughter has no physical, med	which is sponsored by the G-CHS Cheerleading all shape and condition and that the activities, quire physical and athletic agility. I/We understand the routines involving our son/daughter's particity partial or total paralysis, even death. I/We have ling of the possibility of serious or catastrophic injutivity by our son/daughter. I/We represent to that, lical, or mental disability or other limitation that
and the Board of Education from any clamy liability arising from claims for dan	laim of negligence by ourselves, our sor nages for injury to our son/daughter an	nteers, staff of Greenfield Central High School, n/daughter, our heirs, executors and assigns, from d any claims for loss or damage to his/her proper- School Cheerleading Clinic of Saturday, February
hereby agree that we are responsible fo	or any required medical treatment, and a to be contacted. In order that participa	nce the particulars of which are described below. I give permission for my child to receive medical nt may receive necessary treatments, I hereby hold the exercise of this authority.
Name of Participant:	D.O.B	
Address:		
Parent Name:		
Medical Insurance Carrier:		
Address of Carrier:		<u> </u>
Policy Number:		
Additional Insurance Info Require	ed:	
Emergency Contact Name and Ph	one:	
List any pre-existing conditions, a	llergies, medications, etc.:	<del></del>
Parent/Guardian Signature:		Date: