



Annual Winter Cheerleading Clinic

Hosted by the GCHS Cheerleaders

Saturday, February 20th, 2016

WHO: Grades K-6th

WHEN: 12—2pm Registration begins at 11:30AM

WHERE: GCHS Field House

COST: \$30—non-refundable

WHY?

- Learn proper motions and technique, jumps, cheer technique
- Meet the HS Cheerleaders and enjoy games and activities.
- Performance for family and friends will take place at the home Varsity basketball game Saturday, February 20th against Avon.
- Registrations & payment received by Feb 10th will receive a FREE shirt and bow.
- Clinic will be taught by GCHS Cheerleaders and supervised by program coaches.

****Participants wearing their clinic shirts will get in free to the game at which they will perform.**

To REGISTER: Please send this form *Attn: Laken Peal Cheerleading Coach; Greenfield Central High School, 810 North Broadway St., Greenfield, IN 46140* before 2/10/2016 with a payment of \$30 per participant. Registration and payment received after 2/10/2015 are accepted but **will not guarantee** the shirt or bow.

****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 Laken Peal at lpeal@gcsc.k12.in.us*

Name: _____ Grade (Spring 2016): _____

Phone: _____ Address: _____

Shirt Size:

**Youth: S M L XL or
Adult: S M L XL (Circle One)**

G-CHS Cheerleading Mini Camp Medical and Liability Release:

_____ elects to take part in the G-CHS Cheerleading event, which is sponsored by the G-CHS Cheerleading squad. I/We understand that our son/daughter is required to be in good physical shape and condition. I/We understand that cheerleading is an activity in which the risk of injury is high; that any one of the routines involving our son/daughter's participation in cheerleading activities in general could lead to serious injury, including partial or total paralysis, even death. Despite this understanding of the possibility of serious or catastrophic injury or death and the risks involved, we consent to the participation in this activity by our son/daughter. I/We agree to, and by the signing of the agreement, release the coaches, volunteers, staff of Greenfield Central High School, and the Board of Education from any claim of negligence by ourselves, our son/daughter, our heirs, executors and assigns, from any liability arising from claims for damages for injury to our son/daughter and any claims for loss or damage to his/her property which may arise out of his/her participation. I hereby agree that I am responsible for any required medical treatment, and give permission for my child to receive medical treatment in the event that I am unable to be contacted. In order that participant may receive necessary treatments, I hereby hold Greenfield Central High School and their Cheerleaders, and coaches harmless in the exercise of this authority.

Name of Participant: _____ D.O.B. _____

Parent/Guardian Signature: _____ Date: _____