

Greenfield Central High School Cheerleading Clinic

Hosted by the G-CHS Cheerleaders
Wednesday, August 20th 2014



Cheer Clinic — Grades K-6th

TIME: 6-8pm

Registration begins at 5:45pm

WHERE: Greenfield Central High School Fieldhouse

COST: \$25—non-refundable

\$15 if involved with GYFL Cheerleading

WHY?: Great opportunity for an introduction to cheer.

***Learn proper motions and technique, jumps, chants, and cheer!**

***Registrations & payment received by August 15th will receive a FREE Cheer Clinic T-Shirt and hair bow for the performance.**

***Perform that night during the 1st quarter of the Varsity Football Game on August 22nd!**

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

To REGISTER: Please fill out registration form on the back and return to Greenfield Central High School before 8/15/2014 with a payment of \$25 per participant and \$10 for each additional sibling. Registration and payment received after 8/15/2014 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

Cheerleading Clinic-Hosted by the G-CHS Cheerleaders

Registration Form

Name: _____ Grade: _____

Phone: _____ Address: _____

Email: _____

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

Please return this completed and signed form to Attn: Rebekah Cerqua Cheerleading Coach; Greenfield Central High School, 810 North Broadway St., Greenfield, IN 46140. Please include your nonrefundable registration fee of \$25 payable to G-CHS; Memo Cheer Clinic

G-CHS Cheerleading Clinic 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 and that the activities, which he/she will be asked and expected to participate in, are strenuous and require physical and athletic agility. 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. I/We have also discussed this with our child and among ourselves. Despite this understanding of the possibility of serious or catastrophic injury or death and the risks involved, we still consent to the participation in this activity by our son/daughter. I/We represent to that, to the best of our knowledge and belief, our son/daughter has no physical, medical, or mental disability or other limitation that would restrict his/her ability to fully participate in this activity.

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 in the Greenfield Central High School Cheerleading Clinic on Wednesday, August 20th.

I/We further acknowledge that the above individual is covered by health insurance the particulars of which are described below. I hereby agree that we are 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. _____

Address: _____

Parent Name: _____ Phone: _____ alt: _____

Emergency Contact Name and Phone: _____

List any pre-existing conditions, allergies, medications, etc.: _____

Parent/Guardian Signature: _____ Date: _____