

CHEERLEADING CLINIC!



Date: January 27, 2010

Time: 2:30-4:30

Place: Covenant Day School (LS/MS Gym inside the A Building)

Who: 1st-5th Grade Girls

1st-5th Grade Girls are invited to participate in the annual CDS Cheer Clinic! Girls will learn the basics of cheerleading and practice their skills with the CDS Middle School and Varsity Cheerleaders!

Each participant will get the opportunity to **CHEER at the Middle School Girl's Basketball game Friday, January 29th at 3:45**

Cost: \$35 (includes snack, clinic t-shirt, and a Brewsters' Blue Pop Italian Ice)

Sibling Discount: the first girl is \$35, each additional sibling only \$25)

Registration: Complete the form below and write your check to CDS with Cheer Clinic written in the memo line. Return form and payment (cash is allowed) to the Main Office inside the A building.

Check-in will begin at 2:15 on Wednesday.

Deadline to Register is Monday January 25th!

Cheerleader's Name: _____ Age _____ Grade _____

Parent/Guardian's Name: _____

Email Address: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

In Case of Emergency, please contact _____ at _____

T-Shirt Size (Circle one) YOUTH SIZE: S M L XL ADULT SIZE: S M L

Please make checks payable to Covenant Day School in the amount of \$35 (\$25 for each additional sibling). Write Cheer Clinic in the memo line.

As a parent/guardian of the above participant(s), I certify that she is in excellent health and has no physical, mental, or emotional problems that are likely to prevent participation in rigorous physical play at the cheerleading camp. I grant permission for her to be treated by a member of the camp staff in the event of an accident, injury, or illness. I further agree to pay through my insurance company or otherwise for any medical treatment that may be necessary. I agree to release, indemnify, defend and hold harmless Covenant Day School and its personnel from all claims, actions, obligations, damages, liabilities, and expenses, including attorney's fees and expenses, asserted against Covenant Day School and/or its personnel to the extent caused (either directly or indirectly) by the action or inaction of a person associated with Covenant Day School.

Signature of Parent/Guardian

Insurance Company

Ins. Policy Number