

# Jackson Cheerleading Clinic

A one day cheerleading clinic will be held on Wednesday, December 12th from 5:00-8:00 p.m. The clinic is sponsored by the Jackson Cheer Boosters and will be held at Jackson High School. The clinic is open to any child grades K-5. The cost of the clinic is \$20.00 and additional siblings are \$15.00 each. The JHS Cheerleaders will provide instruction at the clinic. Pizza will also be served. **\*\*If your child has any special dietary restrictions and can not eat pizza, please send a light snack for them to eat\*\*** All participants will also be invited to cheer Friday, December 14th at the Jackson Varsity Basketball game against Washington Courthouse. Girls should wear a Christmas sweater/shirt the day of the game. The pre-registration forms are due by December 10, 2018. Late registration will be accepted the day of the clinic from 4:00 to 5:00 p.m. If you have any questions, please contact:

Tricia Humphreys: 614-572-5977

Checks and money orders for the clinic should be made payable to Jackson Cheer Boosters

Mail Registration forms to: Tricia Humphreys, 135 E. Huron St, Jackson, OH 45640

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Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

I, the undersigned parent or guardian, do hereby give permission for the above named participant to attend the Jackson Cheerleading Clinic. I further release the Jackson Cheer Boosters and its representatives from any claims for injury or illness that may be sustained as a result of participation in this event. I acknowledge and understand that in participating in this event, there is a possibility my child may sustain physical illness or injury in connection with his or her participation. I further understand and acknowledge that this is my daughter or son or otherwise legal ward and I assume the full risk of physical injury by their participation. I also understand and accept full responsibility for any medical bills that may be incurred on behalf of my son/daughter/ward for physical illness or injury they may sustain during the event. I have read the above statement and agree in full to its content.

Parent or Guardian Signature \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_