



# Chillin' with the Cheeleaders



(Parents Date Night for Valentine's Day)

**What:** JHS Cheerleaders will “chill” with your child for the evening. They will play games, dance, eat pizza – **(if your child has a food allergy and is unable to eat pizza, please send an alternative snack)**, and of course cheer!

**When:** Friday, February 15<sup>th</sup> from 6:00 to 10:00 p.m.

**Where:** JHS Fieldhouse

**Who:** Jackson students enrolled in grades pre-k through 5<sup>th</sup> grade

**Cost:** \$25 per child. \$15 for second child, and \$10 for third (must be siblings) Checks Payable to Jackson Cheer Boosters

**How:** Sign up by completing the form below and mail/drop off to:

The Office Commons

Attention: Tricia Humphreys

135 Huron Street

Jackson, Ohio 45640

- You can also register the day of the event when you drop off
- Any questions, please call/text 614-572-5977 (Tricia Humphreys)

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 \_\_\_\_\_