

Jackson Cheerleading Clinic

A one day cheerleading clinic will be held on Wednesday, September 11th 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 \$25.00 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 September 13th at the Jackson Varsity football game against Western Brown. Grades K-2 will cheer the first quarter, and grades 3-5 will cheer the 2nd quarter.

Girls should wear a white shirt and red shorts the day of the game. Cheer bows will be provided the night of the clinic for the girls to wear.

The pre-registration forms are due by September 9, 2019. Late registration will be accepted the day of the clinic. If you have any questions, please contact: Tricia Humphreys: 614-572-5977 (call or text)

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

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 _____