



AHS CHEER

Fall Cheer & Dance Clinic

With **GAME DAY PERFORMANCE**

SEPTEMBER 18, 19, 20 + SEPTEMBER 22, 2017



*Learn cheers & a dance routine with the Acalanes Cheerleaders.
Then perform at the Varsity Football game!*

CHEER CLINIC

September 18, 19, 20, 2017
5:30-7:30pm

GAME DAY

September 22, 2017

LOCATION

Acalanes High School
1200 Pleasant Hill Road
Lafayette, CA 94549

FOR QUESTIONS:

ahs1cheer@gmail.com

WHO

Girls & Boys, ages K-8th

COST

\$90 per participant
\$75 for each additional sibling

Only \$90 for all this & more fun than a sitter!

Perform with the AHS Cheerleading squads! Spend three afternoon clinics + Game Day with JV & Varsity, learning cheers and a dance routine. On game day, participants will cheer first half of the Varsity Football game, then perform the dance routine during halftime. Snacks provided at the clinics. Pom-poms, t-shirt, water bottle, face decorations, and hair bow (girls) provided for game day outfits. Team photo included!

2017 AHS FALL CHEER & DANCE CLINIC REGISTRATION FORM



* DON'T FORGET TO FILL OUT THE MEDICAL RELEASE! *

PARTICIPANT NAME:

AGE:

GENDER:

PARENT / GUARDIAN NAME:

EMAIL:

PHONE:

YOUTH T-SHIRT SIZE:

S M L XL

PARTICIPANT'S GRADE:

K-1 2-3 4-5 6-8

IF POSSIBLE, MY CHILD WOULD LIKE TO BE PLACED WITH:

THE SAME CHEERLEADER AS LAST YEAR

A BUDDY! FRIEND NAME(S):

HOW DID YOU HEAR ABOUT THE AHS CHEER CLINIC?

PAYMENT INFORMATION Make checks payable to AHS Cheer. Please mail or drop off registration, release form and payment to: Coach Sallina, AHS Cheer Clinic, 1200 Pleasant Hill Rd, Lafayette CA 94549.

ACALANES HIGH SCHOOL CHEERLEADING **CLINIC RELEASE FORM**

This form must accompany registration and payment.
No one can be admitted to the clinic unless this form has been completed.

PARTICIPANT INFORMATION THIS FORM DOES NOT REQUIRE A PHYSICAL EXAMINATION

NAME: _____ BIRTH DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

IN CASE OF EMERGENCY PLEASE CONTACT:

HOME PHONE: _____ CELL: _____

PHYSICIAN: _____ PHYSICIAN PHONE: _____

MEDICAL INFORMATION THIS FORM DOES NOT REQUIRE A PHYSICAL EXAMINATION

PLEASE LIST ALLERGIES: _____

PLEASE LIST ANY MEDICATION THE PARTICIPANT IS CURRENTLY TAKING: _____

PLEASE MAKE ANY NECESSARY COMMENTS CONCERNING PHYSICAL CONDITION, RESTRICTIONS, ETC: _____

INSURANCE INFORMATION THIS FORM DOES NOT REQUIRE A PHYSICAL EXAMINATION

NAME OF INSURANCE COMPANY: _____

NAME OF SUBSCRIBER: _____ POLICY #: _____

RELATIONSHIP TO PARTICIPANT: _____

PERMISSION TO PARTICIPATE, PHOTO & MEDICAL RELEASE

I, the undersigned parent/guardian, do hereby grant permission for my daughter/son to attend the Acalanes High School Cheerleading Clinic. I also grant permission for her/his image to be used in Acalanes High School Cheerleading-related media and that **no royalty, fee or other compensation shall become payable to me by reason of such use.** In order for she/he to receive the necessary treatment in the event of an injury or illness, I hereby authorize AHS Cheer Clinic to obtain medical treatment for her / him for such injury or illness during any event, and I hold Acalanes High School and their representatives harmless in the exercise of this authority. I further acknowledge, understand, and agree that in participating in this event there is possibility of injury or illness by her / his participation. I assume full financial responsibility for such treatment.

SIGN HERE: _____

DATE: _____