



# CHEERLEADERS CHEER CLINIC

Place: Pride of Illinois

Saturday, October 18, 2008

Grades: K - 4<sup>th</sup> - 8:00 - 12:00

Grades: 5<sup>th</sup> - 8<sup>th</sup> - 1:00 - 5:00

(Parental performance at 11:45 a.m. for Grades K - 4<sup>th</sup> & 4:45 p.m. for Grades 5<sup>th</sup> - 8<sup>th</sup>)

# \$30.00

PRICE INCLUDES: T-SHIRT

Checks payable to: CHS Cheerleaders

MAIL FORMS & CHECKS TO: TARA ARRO

101 GREENFIELD DR.

COLLINSVILLE, IL 62234

FOR INFORMATION PLEASE CALL: 618-444-3147

\*IF YOU HAVE MORE THAN ONE PARTICIPANT THERE WILL BE A \$5.00 DISCOUNT FOR THE SECOND CHILD.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

T-SHIRT SIZE: (PLEASE CIRCLE)

YOUTH SMALL (6-8)

ADULT SMALL

YOUTH MEDIUM (10-12)

ADULT MEDIUM

YOUTH LARGE (14-16)

ADULT LARGE

I HERBY GIVE PERMISSION FOR MY DAUGHTER TO PARTICIPATE IN THE CHS CHEERLEADERS CLINIC AND ACKNOWLEDGE THAT SHE IS PHYSICALLY ABLE TO PARTICIPATE IN THE CAMP ACTIVITIES. I WAIVE AND RELEASE THE UNIT 10 SCHOOL DISTRICT, COLLINSVILLE HIGH SCHOOL, CHS CHEERLEADERS, COACHES, PRIDE OF ILLINOIS AND ALL CAMP PERSONNEL FROM ANY AND ALL LIABILITY FOR INJURIES OR ILLNESS INCURRED WHILE AT CAMP.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY NUMBER YOU CAN BE REACHED AT DAY OF CLINIC: \_\_\_\_\_

**PLEASE DO NOT LEAVE FORMS OR CHECKS AT THE SCHOOLS!**