



**Williams High School Cheer Clinic
Burlington Memorial Stadium**

October 14, 2011

4:45pm-7:15pm

Hosted by the WWHS JV and Varsity Cheerleading Teams

Camp material will be performed on the track in the stadium at 6:55pm prior to the varsity football game (admission-\$7)

<p><u>PRE-REGISTRATION: \$20.00</u></p> <ul style="list-style-type: none"> • Camp fee • Camp t-shirt guaranteed (Must receive registration by 9/30/11) • Free admittance for <u>camp participant</u> to the October 14th football game 	<p><u>REGISTRATION AT DOOR: \$25.00</u></p> <ul style="list-style-type: none"> • Camp fee • Free admittance for <u>camp participant</u> to the October 14th football game
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***Pre-registration must occur on time to secure a t-shirt!

PLEASE RETURN THE BOTTOM PORTION WITH PAYMENT

WHS Cheerleader: _____

Child's Name: _____ **Age:** _____ **Grade:** _____ **T-shirt Size:** _____ (YS,YM,YL,AS,AM,AL)

Parent(s)/Guardian Name(s): _____

Address: _____

Phone Numbers (provide two please): _____

***In case of an emergency please provide the following information:**

Name of Insurance Policy Holder: _____ **Policy Number:** _____

Allergies or other medical conditions: _____

***PREFERABLE CASH PAYMENT. IF PAID BY CHECK, MAKE TO: WHS CHEERLEADING-BOOSTERS**

They should wear comfortable clothing for physical activity (soffee shorts or sweatpants; t-shirt; sneakers; hair back). Also, October 14th is pink out night for WWHS in support of breast cancer awareness, so wear your pink!

Liability Release:

I, the undersigned parent or guardian, do hereby grant permission to my son/daughter to participate in this Cheer camp, clinic or event. I also understand that in participating that my son/daughter may sustain physical illness or injury (minimal, serious, or catastrophic) in connection with his or her participation. I further acknowledge and understand that my son/daughter is assuming the risk of such illness or injury by his/her participation, and I further release Williams High School Cheer Team, Coaches and as well as its representatives, from any claims for personal illness or injury that my son/daughter may sustain during this Cheer camp, clinic or event. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during this Cheer camp, clinic or event.

Signature of Parent/Guardian _____ Date _____

WE ARE LOOKING FORWARD TO CHEERING WITH YOU!!! GOOOO BULLDOGS!!!