

## Cheer Clinic

**Goal:** To host an engaging clinic that will introduce younger students to cheerleading while participating in fun activities.

**Who:** Any student 1<sup>st</sup> through 6<sup>th</sup> grade

**When:** September 19<sup>th</sup> and 20<sup>th</sup> from 6-7:45

**Where:** Tusky Valley High School

**What to Expect:**

- To have fun learning cheers and chants from TVHS cheerleaders
- To play games
- To cheer the first half of the varsity football game on September 21<sup>st</sup>.

**Cost:** \$30 includes t-shirt to be worn at the game. *Please make checks payable to TVLS and place cheer clinic in the memo.*

**T-Shirts:** Please reserve your child's spot by mailing Rachelle Watt the deposit (\$10 or total) to PO Box 264 by September 14<sup>th</sup> with your child's name and t-shirt size. Forms and fees can also be given to Rachelle Watt (wattr264@yahoo.com) during football games or sent to the high school office.

**Registration:** \$10 deposit needs to be paid before September 14<sup>th</sup>. Balance due by the first night of the clinic.

NOTE: T-shirts are only guaranteed to those who pay the \$10 deposit. Students may still participate if they show up to the clinic on September 19<sup>th</sup>; they will just not receive the t-shirt to be worn at the game.



---

### Parent Permission/Registration

Child's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

I hereby release school officials, administrators, other staff, assistants, and employees of the Tusky Valley Local School District from all claims on account of any injuries sustained by my child while attending the clinic.

If medical attention is needed, I hereby request the following doctor and/or dentist to be notified:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_