

Conant High School CheerleadingSummer Break Cheer Clinic



Looking for something fun and active to do over the Summer Break? Do you want to get a taste of what it is like to cheer in high school? We have just the thing for you. Come to the Conant High School Cheerleading Cheer Clinic! Anyone in Kindergarten through 8th grade is invited! Stunt, jump, dance & learn some new cheers with the Conant High School cheerleaders and receive a Conant t-shirt!

•	_	ugh 8 ^h grade is inv eive a Conant t-sh		p, dance & lea	arn some ne	w cheers v	with the Conan	ıt Hig
	When:	: Friday, J	uly 12, 2013 AND/OR					
		Saturday	, July 13, 2013					
	Where		High School Nort Enter through D	•	rth Gym & F	ootball Fie	eld)	
	Time:	1:00pm	– 4:00pm (Friday) and 9:00-12	:00pm (Satu	rday)		
	Cost:	\$30 for 0	one day, \$50 if y o	ou register for	both days			
	Attire:	Comfort	able clothes, no	eans, no jewe	elry, gym/che	er shoes		
		n through 8 th grade do not have to be						
	PORTION AND EN							
	nt High School eading Coaches	S	Student Name:					
Christina Schweinebraten Amanda Schweinebraten		F	Parent Name:					
'00 E. Cougar ⁻ Ioffman Estate	Γrail	F	Phone Number:					
	Payment \$30 for one day, Checks payable t	\$50 for both days to:	E-mail Addres	s:				
	CONANT HIGH S	CHOOL	School:				Grade:	
	T-shirt Size:	(YS) (YM) _	(YL) (A	s) (AM) _	(AL)	(AXL)		

Medical Treatment Authorization and Liability Release, the undersigned parent or guardian, do hereby grant permission for my daughter to participate in the Conant High School Cheerleading Clinic. In order that my daughter may receive the necessary medical treatment in the event she may sustain injury or illness during participation in this activity, I hereby authorize the cheerleading coach or other supervising adult to obtain treatment for my daughter for such injury during the activity, and I hereby hold District 211, Conant High School, and its representatives harmless in the exercise of authority. I further understand that Conant High School has established rules and regulations pertaining to safety, conduct, behavior, and activities of all students and cheerleading participants, by which my daughter must abide by during participation in this activity, and that my daughter and I will be responsible for her failure to abide by those rules and regulations. My daughter and I have read and understand the above Medical Treatment Authorization and Liability Release.

Parent Signature:	Date:	