

CHS Cheer Clinic

Clinic Date: Friday, January 31st
Clinic Time: 3:30-5:30pm
Ages: All ages through 6th grade
Location: Cascade High School Gym/Wrestling Room
801 E. Casino Rd.
Everett, WA 98203
Cost: \$10 per child
Registration at the door begins at 3:30pm

**PERFORM WITH US AT
HALFTIME FRIDAY,
JANUARY 31ST
GAME TIME: 7PM**



All Participants may attend the game for free with paying adult and perform with the Cheerleaders at the Home Basketball game the same night!

**Join the CHS Cheer Squad
as they teach
cheers and a dance!**

Pre-Register by mail to:
Cheer Clinic, C/O Cascade High School
ATTN: Trish Roberts
801 E. Casino Rd. Everett, WA 98203
Or register at the door, Friday, January 31st

Thank you for your participation! Any questions, please contact Trish Roberts at troberts@everettsd.org

I give my permission for _____ Grade _____ to attend the CHS Cheer Clinic at Cascade High School sponsored by the CHS Cheerleaders. The participants will be taught cheers and are invited to perform with the cheerleaders during halftime. I agree to hold the Everett School District, directors and the Cascade Cheer Booster Club harmless if any injury occurs. I have notified directors of the clinic of **ANY FOOD ALLERGIES** the participant has (designated below). I agree to allow the participants to be photographed for possible reproduction for publicity or future events. As required, I am providing the name and phone number of an emergency contact person that may be reached during the clinic hours for above named participant.
Must be filled out entirely.

Contact Name: _____ Contact Phone # _____ \$ _____ Amount Enclosed

Food Allergies: No _____ Yes _____ If Yes, What food Allergies _____

Email Address: _____ Authorized Parent/Guardian Signature: _____