

# CHS Cheer Clinic

**Clinic Date:** Friday, January 5th

**Clinic Time:** 3-5pm

**Ages:** All ages through 6<sup>th</sup> grade

**Location:** Cascade High School Cafeteria

801 E. Casino Rd.

Everett, WA 98203

**Cost:** \$25 per child (each sibling \$5 discount)

Registration at the door begins at 2:30pm

Parents are welcome to stay and watch

**PERFORM WITH US AT  
HALFTIME FRIDAY,  
JANUARY 5<sup>TH</sup>  
GAME TIME: 7PM**



**Join the CHS Cheer Squad  
as they teach cheers and  
play games!**

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 5<sup>th</sup>, at 2:30 p.m.

Thank you for your participation! Any questions, please contact Trish Roberts at

[troberts@everettsd.org](mailto: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: \_\_\_\_\_

Disclaimer: "Everett Public Schools has neither reviewed nor approved the program, personnel, activities or organizations announced in this flier. The participants agree to protect, indemnify, and hold harmless the district, its elected and appointed officials, employees, agents, staff and volunteers, from any and all claims, liabilities, damages, expenses, or rights of action, directly or indirectly attributed to the activities. Permission to distribute this flier should not be considered a recommendation of the program by the school district.

This is not a school district sponsored activity."

# Bruin Cheer Gear!

Pre-register by December 14<sup>th</sup> (must be received by Dec. 14<sup>th</sup>) and you may order the following Bruin Cheer Gear! You may order 1 item, or all 3!

Cheer Bow pre-order – Crimson and Metallic Silver w/Rhinestones

\$5



Cheer Pom Poms pre-order – Crimson and Silver Metallic Pom Poms

\$15 for 2



Cheer Skirt pre-order – Crimson, White, and Silver

\$20



Skirt Sizing chart:

Size	Waist	Hips	Length
Youth Extra Small	18-20"	24-26"	10"
Youth Small	20-22"	26-28"	11"
Youth Medium	22-24"	28-30"	12"
Youth Large	24-26"	30-32"	13"
Adult Extra Small	22-24"	32-35"	13"
Adult Small	24-27"	35-38"	13.75"
Adult Medium	27-30"	38-41"	14.5"
Adult Large	30-33"	41-44"	15"

Cheerleader Name: \_\_\_\_\_

Please check the items you would like to order:

Bow \_\_\_\_\_ Poms (2) \_\_\_\_\_ Skirt \_\_\_\_\_ Size \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_