

Clinic Date: Friday, January 5th

Clinic Time: 3-5pm

Ages: All ages through 6th 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

All Participants receive a Cheer T-shirt & a Group Photo! AND perform with the Cheerleaders at the Home Basketball game the same night!

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 5th, at 2:30 p.m.

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 _____ 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."

PERFORM WITH US AT HALFTIME FRIDAY, JANUARY 5TH

GAME TIME: 7PM



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

Bruin Cheer Gear!

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

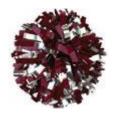
Cheer Bow pre-order – Crimson and Metallic Silver w/Rhinestones

\$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 Amour	nt Enclosed:						