CHS Cheer Clinic

Clinic Date: Wednesday, July 3rd
Clinic Time: 1-3pm
Ages: All ages through 8th grade
Location: Cascade High School Gym
        801 E. Casino Rd.
        Everett, WA 98203
Cost: $35 per child (each sibling $5 discount)
        Registration at the door begins
        at 12:45pm
        Parents are welcome to stay and watch

Pre-Register by mail to:
Cheer Clinic, C/O Cascade High School
ATTN: Trish Roberts
801 E. Casino Rd. Everett, WA 98203
Or at the door, July 3rd, at 12:45pm.

July 3rd and 4th, 2019

All Participants receive a Cheer T-shirt AND march with the Cheerleaders at the 4th of July Parade the next day!

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

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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 at the 4th of July Parade. 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.

Contact Name:_____ Contact Phone # _____ Shirt Size _____
Food Allergies: No_____ Yes_____ If Yes, What food Allergies_____

Email Address: _____
Authorized Parent/Guardian Signature: _____