

FALCON MINI CHEER CLINIC FOR GRADES K-5TH

Please fill out this form completely(**front and back**) and return it to your teacher or a Cheerleader with cash or a check made payable to **Team Firelands** in the amount of **\$25** no later than Friday September 28, 2018 to guarantee your child a T-shirt, T- Shirts will be Pink with white lettering.

CLINIC: Thursday, October 4, 2018 AFTER SCHOOL-6pm at Firelands Elementary school in the Gym. 10779 Vermilion Road. Oberlin, Ohio 44074

GAME: Friday, October 5th, 2018 at Firelands High School. The children will be cheering during the first half of the Varsity game with the JV and Varsity Cheerleaders. Please arrive with your child at 6:15pm. **They will be given their T-shirt upon arrival.**

Any questions or concerns: please contact Varsity Cheer Coach Moriah McPhie at 440-309-7806 or fhscheercoachmoriah@gmail.com or Coach Heather Porter 440-309-5119 or fhscheercoacheatherjv@gmail.com

***PLEASE SEND A NOTE TO SCHOOL WITH YOUR CHILD ON
October 5, 2018 SAYING THEY ARE STAYING AFTER SCHOOL
FOR THE CLINIC OTHERWISE THEY WILL NOT BE ABLE TO STAY**

PLEASE PRINT ALL INFORMATION

IF YOU ARE REGISTERING MORE THAN ONE PARTICIPANT, PLEASE USE SEPARATE FORMS

PARTICIPANT :Last name: _____ First Name: _____

Age: _____ Grade _____

Teacher _____

Address: _____

PARENT/GUARDIAN: Name(s) _____

Email: _____ Phone: _____

ALTERNATE CONTACT INFORMATION: (In case of emergency and parent cannot be reached)

Name: _____ Phone _____

T-SHIRT SIZE (Please circle your child's size) Youth Small Youth Med
Youth Large Adult Small Adult Med Adult Large

**The children will be given a small snack and drink after school. Feel free to pack them something extra*

LIABILITY WAIVER

I understand that my child,(child's name)_____ will be participating in the Firelands High School Mini Cheer Clinic on 10/04/18-10/05/18. Since this is a voluntary program, I will not hold the school, staff members or cheer team members liable for any accidental injury, which may occur. In case of a medical emergency, I do give consent for my child to be treated at the nearest emergency room.

Please list any allergies or health concerns we should be made aware of for your child, and any required special medications or treatments: _____

Parent/Guardian signature _____ Date: _____