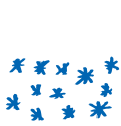


Sideline
CHEER

AHS

MINI
Dons

Winter Cheer & Dance Clinic



With

GAME DAY PERFORMANCE



JANUARY 21 & 23 + JANUARY 25, 2019

It's Basketball time — Be a Mini Don with the AHS Sideline Cheer squads!

Spend two evening clinics with JV & Varsity, learning cheers and a dance routine. On game day, participants will cheer in the Acalanes stands for the first half of the Boy's Varsity Basketball game vs. the Miramonte Matadors.

At halftime, perform a dance routine on the court. *Basketball edition shirts will be distributed. Limited to 60 participants. Team photo opp included.*



ACALANESCHEER.COM

Time to cheer on the Basketball team!



DON'T FORGET TO FILL OUT THE YOUTH CLINIC REGISTRATION & WAIVER!

2-DAY CHEER CLINIC

January 21 & 23, 2019
5:30-7:30pm

GAME DAY

January 25, 2019
vs. Miramonte Matadors
Time TBD

LOCATION

Acalanes High School
1200 Pleasant Hill Road
Lafayette, CA 94549

FOR QUESTIONS:

ahs1cheer@gmail.com

WHO

Girls & Boys, ages K-8th

PARTICIPATION COST

\$65 per Mini Don

Go to AcalanesCheer.com for information and online payment.



ACALANES CHEER

YOUTH CLINIC REGISTRATION & WAIVER

No admittance to clinic unless completed form and payment have been submitted.



REGISTRATION

REGISTRATION

PARTICIPANT NAME:		BIRTH DATE:	AGE:	GENDER:
ADDRESS:		CITY:	STATE:	ZIP:
PARENT / GUARDIAN NAME:				
PHONE 1:	PHONE 2:	EMAIL:		
YOUTH T-SHIRT SIZE:		PARTICIPANT'S GRADE:		
<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> K-1 <input type="checkbox"/> 2-3 <input type="checkbox"/> 4-5 <input type="checkbox"/> 6-8
IF POSSIBLE, MY CHILD WOULD LIKE TO BE PLACED WITH:				
<input type="checkbox"/> THE SAME CHEERLEADER AS LAST YEAR		<input type="checkbox"/> A BUDDY! FRIEND NAME(S):		
HOW DID YOU HEAR ABOUT THE AHS CHEER CLINIC?				

PAYMENT Online payment preferred — AcalanesCheer.com. For checks, make payable to AHS Cheer. Drop off registration, waiver, proof of payment/payment: Coach Sallina, AHS Cheer Clinic, 1200 Pleasant Hill Rd, Lafayette CA 94549.

CLINIC RELEASE

CLINIC RELEASE

IN CASE OF EMERGENCY, PLEASE CONTACT:				
NAME:		RELATIONSHIP TO PARTICIPANT:		
HOME PHONE:	CELL:	EMAIL:		
PHYSICIAN:	PHYSICIAN PHONE:			
MEDICAL INFORMATION		THIS FORM DOES NOT REQUIRE A PHYSICAL EXAMINATION		
PLEASE LIST ALLERGIES:				
PLEASE LIST ANY MEDICATION THE PARTICIPANT IS CURRENTLY TAKING:				
PLEASE MAKE ANY NECESSARY COMMENTS CONCERNING PHYSICAL CONDITION, RESTRICTIONS, ETC:				
INSURANCE INFORMATION		THIS FORM DOES NOT REQUIRE A PHYSICAL EXAMINATION		
NAME OF INSURANCE COMPANY:		POLICY #:		
NAME OF SUBSCRIBER:		RELATIONSHIP TO PARTICIPANT:		

CLINIC RELEASE

CLINIC RELEASE

PERMISSION TO PARTICIPATE, PHOTO & MEDICAL RELEASE	
<p>I, the undersigned parent/guardian, do hereby grant permission for my daughter/son to attend the Acalanes High School Cheerleading Clinic. I also grant permission for her/his image to be used in Acalanes High School Cheerleading-related media and that no royalty, fee or other compensation shall become payable to me by reason of such use. In order for she/he to receive the necessary treatment in the event of an injury or illness, I hereby authorize AHS Cheer Clinic to obtain medical treatment for her/him for such injury or illness during any event, and I hold Acalanes High School and their representatives harmless in the exercise of this authority. I further acknowledge, understand, and agree that in participating in this event there is possibility of injury or illness by her/his participation. I assume full financial responsibility for such treatment.</p>	
SIGN HERE:	DATE: