**Sammamish Cheer Clinic**

We invite all the students K-5 to join SHS Cheer in an afternoon full of games, cheering, and lots of fun. We will be teaching the fundamentals of cheerleading in an exciting, kid oriented way. We will be teaching popular Sammamish cheers, cheer motions, jumps, and more! We would like to invite you to cheer with us on October 14th during the first half of the Sammamish High School Homecoming Football Game.

**WHEN**: Friday, October 14th (NO SCHOOL)—10:00a-2:00p

Drop off/ Check in at 9:30am. Pick up by 2:30pm

**GAME PERFORMANCE**: Friday, October 14th. Sammamish vs. Ingraham

Kick off at 7pm. Detailed info will be given at the clinic.

**WHERE**: Sammamish High School Gym— 100 140th Ave SE Bellevue, WA 98004

**COST**: $50 per child\* ($30 for siblings\*). Includes game ticket for the participant, shirt and snack

\*Limited financial aid available

I give this student permission to participate in a Cheer Clinic hosted by the Sammamish High School Cheerleaders. Also, the bottom named child (his/her legal guardian or parent if under eighteen years of age) agrees to indemnify and hold harmless the SHS Cheerleaders, its coach, athletic director, and Sammamish High School, from and against any and all liability, claims, suits, damages, losses and expenses, including attorney fees, threatened or incurred, and arising from the child’s participation in this cheer clinic, or by reason of any injury or any damage to said child or to any person or property occurring during said participation, or from any use whatsoever. I fully realize that cheerleading activities at Sammamish High School, can be dangerous and could result in serious injury and freely assume that risk. In an event of an emergency, I give permission for Sammamish High School to give my child simple first aid and to arrange for transportation to a hospital and receive emergency medical treatment. I will assume all costs for medical care. The about named child IS physically able to participate in activities without limitations (unless otherwise stated). It is the responsibility of the parent/guardian to let us know of any physical limitations. Signing the sheet below means you agree with this policy.

Online registration: email kyvikj@bsd405.org

**----------------------------------------------------Please cut here-----------------------------------------------------**

**Student’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grade:** \_\_\_\_\_\_\_\_\_\_\_

**T-Shirt Size**: youth- XS S M L XL adult- S M L XL

**Allergies**?

**Who to contact in case of emergency**?

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For updates and additional info

**Parent/Guardian Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete the registration form and send with payment of $50 to:**

Jorgina Kyvik at Phantom Lake Elementary

1050 160th AVE SE Bellevue WA 98008

Check payable to SHS Cheer

**PLEASE REGISTER BY MONDAY, OCTOBER 10th!**