



Annual Winter Cheerleading Clinic
Hosted by the GCHS Cheerleaders, 2016 STATE CHAMPIONS
Thursday, February 16th, 2017

WHO: Grades K-6th

WHEN: 4:30—6:30PM *Check-In Open from 4-4:30PM*

WHERE: GCHS Cafeteria

COST: \$30—non-refundable

Halftime performance will take place at the home Varsity basketball game Friday, February 17th.

(Please have cheerleaders arrive at the main gate by 7:30PM)

****Participants wearing their clinic shirts will get in free to the game at which they will perform.**

To REGISTER: Please send this form *Attn: Laken Peal Cheerleading Coach; Greenfield Central High School, 810 North Broadway St., Greenfield, IN 46140* before 2/7/2017 with a payment of \$30 per participant. Registration and payment received after 2/7/2017 are accepted but **will not guarantee** the shirt or bow.

*****Please wear athletic shoes and clothing. Hair must be pulled back and off the shoulders. For safety purposes, no jewelry or gum is permitted. If you have any questions please feel free to contact Laken Peal at lpeal@gcsc.k12.in.us**

Name: _____ Grade (Spring 2016): _____

Phone: _____ Address: _____

Shirt Size:

Youth: S M L XL or
Adult: S M L XL (Circle One)

GCHS Cheerleading Medical and Liability Release:

_____ elects to take part in the GCHS Cheerleading event, which is sponsored by the GCHS Cheerleading squad. I/We understand that our son/daughter is required to be in good physical shape and condition. I/We understand that cheerleading is an activity in which the risk of injury is high; that any one of the routines involving our son/daughter's participation in cheerleading activities in general could lead to serious injury, including partial or total paralysis, even death. Despite this understanding of the possibility of serious or catastrophic injury or death and the risks involved, we consent to the participation in this activity by our son/daughter. I/We agree to, and by the signing of the agreement, release the coaches, volunteers, staff of Greenfield Central High School, and the Board of Education from any claim of negligence by ourselves, our son/daughter, our heirs, executors and assigns, from any liability arising from claims for damages for injury to our son/daughter and any claims for loss or damage to his/her property which may arise out of his/her participation. I hereby agree that I am responsible for any required medical treatment, and give permission for my child to receive medical treatment in the event that I am unable to be contacted. In order that participant may receive necessary treatments, I hereby hold Greenfield Central High School and their Cheerleaders, and coaches harmless in the exercise of this authority.

Name of Participant: _____ D.O.B. _____

Parent/Guardian Signature: _____ Date: _____