



SCPS JUNIOR BASKETBALL CHEERLEADING CLINIC

Saturday, January 27, 2018

INFORMATION AND PERMISSION FORM



PLEASE RETURN THIS FORM WITH YOUR CHECK FOR \$25.00 TO YOUR CHILD'S TEACHER IN AN ENVELOPE MARKED, "ATTENTION CHARITA BOWERS- JR. CHEER CLINIC"

ALL FORMS MUST BE IN BY: **FRIDAY, JANUARY 19, 2018** to ensure a t-shirt.

NAME: _____

GRADE: _____ TEACHER: _____

EMAIL: _____

EMERGENCY NUMBER: _____

PARENTS' NAMES: _____

ALLERGIES OR MEDICAL CONDITIONS: _____

T-SHIRT SIZE: **(PLEASE CIRCLE ONE) YOUTH:**

XS(4-6) S(6-8) M(8-10) LG(10-12) XLG(12-14) Adult Small

I give my permission for _____ to participate in the Junior Cheerleading clinic at Savannah Christian Preparatory School on **January 27, 2018**. I will take responsibility for any injuries or illnesses that occur during the clinic, I also agree to be responsible for all medical expenses incurred in connection with the clinic.

Signature: _____

Relation: _____

For your information:

1. Clinic cost is \$25.00
2. Since t-shirts must be pre-ordered, there will be no refunds. Forms and payment must be returned by **January 19, 2018** to receive a t-shirt.
3. The clinic will start at **9:00 am** and end at **12 noon** on **Saturday, January 27, 2018**. Girls will perform at 11:45 for family and friends.
4. The clinic will be held at the Chatham Parkway campus, Kelley Gym.
5. The girls should wear tennis shoes and comfortable clothing.
6. Each girls will learn several cheers, chants, and a dance.
7. Snacks will be served.
8. Each girl is invited to **CHEER** on Friday, February 2, 2018 at the SCPS v ECI game during the boy's halftime in the Eckburg.