

Bethpage High School Cheerleading
Junior Cheer Clinic Registration Form
2009

Cheer Clinic ~ Tuesday October 20th 5:30 - 8:30 pm

*registration sign in will begin at 5:15

Location of Clinic ~ BHS Gym

Football Game ~ Saturday October 24th Game Start 7:00pm

** (Please note that this is a night game. Time of game subject to change) *all girls are to report to the gym at 6:15pm

Fee ~ \$35.00 (includes clinic t-shirt and bow)

Please note that although registration forms will be taken the day of the clinic you MUST return this registration form on or before Friday September 25th in order to secure a t-shirt and specific size requested

The clinic will run from 5:30 - 8:30pm where each participant will be working with the varsity cheerleaders learning sidelines, cheers and a dance. Please bring your child to the clinic at 5:15 so they may sign in and you may pick up their t-shirt and bow.

Dismissal will begin at 8:30. You must come to the gym in order to pick up your child. No child will be dismissed without having a parent sign them out before hand.

All participants will then have the opportunity to cheer on the sidelines with the varsity cheerleaders during our Saturday night football game. The girls will perform the dance they learned during the clinic for halftime in front of a home crowd on our brand new turf football field.

After the halftime performance each participant will be escorted off the field. We will not release any child unless a parent or guardian is present. If you would like your child to be released to someone else please simply write a note and make sure Ms. Tavalacci receives it before the game on Saturday.

Water and Gatorade will be available during the clinic. Please have your child wear cheer or rubber soled sneakers, lose fitting clothing and have their hair pulled from their face.

Please fill out the registration information below and return it with your payment (checks should be made out to Bethpage High School) of \$35.00 to

**Bethpage High School Cheer Clinic
Attention: Jesica Tavalacci
500 Broadway
Bethpage, NY 11714**

Name of participant: _____

Name of parent/guardian: _____

Age: _____ Grade: _____ T-shirt size: YS YM YL S M L XL)

*Please note that in order to guarantee a t-shirt and chosen t-shirt size this form must be returned by Friday September 25th.

I give permission to _____ to attend the BHS junior cheerleading clinic and performance scheduled for Tuesday October 20th and Saturday October 24th 2009. I understand that I will not hold Bethpage High School, its faculty and staff, the varsity cheerleaders and or the coaching staff responsible for any injuries that may occur. In case of that medical treatment is needed for my daughter, I give permission for her to receive medical attention.

Parent Signature _____

Please list below any specific medical concerns (allergies, etc...) that we should be aware of:
