



PARK HIGH SCHOOL CHEER & STUNT TEAM
PRESENTS

THE PANTHER JUNIOR CHEER CLINIC

FOR GRADES K-8

DATE: SATURDAY, SEPTEMBER 27, 2008

TIME: 9:00 A.M. TO 2:00 P.M.
DOORS OPEN AT 8:30 A.M.

PLACE: PARK HIGH SCHOOL
IN THE "PIT" GYMNASIUM
(ENTER ON THE EAST SIDE OF THE SCHOOL, SMALL PARKING LOT)

COST: PRE-REGISTRATION BY 9/23/08 - \$25 PER PARTICIPANT
\$30 AT THE DOOR

INCLUDES LUNCH, SNACK, & A CHEER CLINIC T-SHIRT (When you cheer at a Park
varsity Football game October 17th)

COME JOIN THE FUN & SEE WHAT TODAY'S CHEERLEADING & STUNT TEAMS ARE ALL ABOUT!

FOR MORE INFORMATION OR TO PRE-REGISTER CONTACT:

MS TAGGART @ 637-4785

MRS ROGERS @ 634-4818

MRS HENKEL @ 637-2878

FORMS ON PARK WEB SITE UNDER SPORTS, CHEERLEADERS (<http://www.racinepark.org> or
<http://homepage.mac.com/fbpark/parkhs> - either address will go to the Park High School Web Site)

PLEASE LEAVE A MESSAGE IF THERE'S NO ANSWER, AND WE WILL RETURN YOUR CALL.

(EACH PARTICIPANT IS REQUIRED TO HAVE A WAIVER SIGNED BY A PARENT OR GUARDIAN TO PARTICIPATE)

CHEER CLINIC REGISTRATION FOR 9/27/08



NAME: _____

ADDRESS: _____

PHONE: _____

PARENT
EMAIL: _____

SCHOOL: _____

| | | | | | | |
|-----------------|-------|---|---|---|----|-----|
| TSHIRT SIZE: | ADULT | S | M | L | XL | XXL |
| | CHILD | S | M | L | XL | |

To pre-register by 9/23/08, phone your reservation to Ms. Taggart @ 637-4785, or Mrs. Rogers @ 634-4818. Complete and sign your waiver form and registration form. Mail them along with your check or money order payment of \$25 per participant to the Park Cheer Team at 3624 20th Street, Racine, Wisconsin, 53405.

To register after 9/23/08, you may still phone your reservation as stated above to get your T-shirt size ordered, but you will need to bring your completed, signed waiver form and registration forms to the Cheer Clinic on 9/27/08. Payment can be made on 9/27/08 by check or cash in the amount of \$30 per participant to the Park Cheer Team.

**** No one will be allowed to participate unless the waiver is completed and signed. ****

Please be sure to dress in shorts or warm ups and t-shirts in your school colors and wear gym shoes.

There will be many opportunities to win awards.

Come prepared to cheer and have fun!!

Note: A \$15 fee will be added to any returned checks.

CHEER CLINIC WAIVER FOR 9/27/08

I, _____, give permission for my daughter/son, _____, to participate in the Panther Junior Cheer Clinic on 9/27/08. I will not hold Park High School, Unified School District, or any of its employees liable for any physical injuries or medical emergencies which may occur. I give permission for any Cheer Clinic staff to seek medical attention if an emergency occurs and I cannot be reached immediately. I also understand that Park High School and Unified School District are not responsible for any theft or loss of private property.

Emergency Contact Information:

1) Name: _____ Phone: _____
2) Name: _____ Phone: _____

Medical Insurance Information:

Company: _____
Group Number: _____
Policy Number: _____
Phone Number: _____

Parent/Legal Guardian Signature: _____