



**2018 - 2019
Ben Bolt – Palito Blanco
Varsity
Cheerleaders
are
Hosting a Mini Cheer Clinic**

Date: Sunday, October 14, 2018

Time: 1:00pm-5:30pm

Ages: 3 – 12 yrs. old

(Registration begins at 12:00 pm)

Location: Ben Bolt High School Gym

Donation: \$25.00

(Siblings \$15.00 each)

Walk-in or purchase your ticket from any cheerleader today!

Kids will receive a t-shirt, snack, and an invitation to cheer with us at a Varsity Badger Football Home Game.

For more information contact Mrs Moncada at 361-207-0291

email: mmoncada@bbpbschools.net

or leave a message at BB-PB High School 664-9822



**Ben Bolt-Palito Blanco High School
Cheer Clinic Registration Form
Registration Fee is Due October 12, 2018**

Date _____

Child(ren)'s Name(s): _____ Age: _____ Shirt Size: _____
 _____ Age: _____ Shirt Size: _____
 _____ Age: _____ Shirt Size: _____

*******(If child is age 3, they must be potty trained)*******

Parent/Guardian's Name: _____

Cell #: _____ Email : _____

Emergency Contacts (Other than Parents)

1. _____ Cell # _____

2. _____ Cell # _____

List any allergies/Special needs: _____

Photographic and Video Release

I hereby give BB-PB Cheerleaders, BB-PB I.S.D., including its volunteers, employees and any other persons and entities acting with its permission, or upon its authority, the absolute right and permission to take, copyright, use, and publish any photographs or video of or concerning my child for the purpose of any BB-PB advertising, education, promotion, or other purpose consistent with the BB-PB Cheerleaders' mission.

I agree that any such photograph or video is the exclusive property of the BB-PB Cheerleaders, and I hereby waive all rights thereto. I further waive any and all rights to inspect and/or approve any printed or electronic material that may be used in conjunction with the photographs or video, or to approve the use to which the photographs or video may be applied.

Insurance Disclaimer

BB-PB Cheerleaders, BB-PB I.S.D., does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness, injuries or accidents will be the responsibility of the participant and his/her parents.

I have read, understand and accept the above conditions. I also understand that I must sign this liability waiver along with this form in order for my child(ren) to participate on **October 14, 2018.**
 Date of Camp

(Print Name): _____ (Date): _____

(Sign Name): _____ (Date): _____