



# YOUTH CHEER CLINIC

**CONDUCTED BY THE QV HIGH SCHOOL CHEER SQUAD**

<p><b>WHEN:</b> JUNE 14<sup>th</sup></p> <p><b>WHERE:</b> QUAKER VALLEY HIGH SCHOOL STADIUM</p> <p><b>TIME:</b> 9 am To 3 pm</p>	<p><b>WHO:</b> Current or prospective cheerleaders ages 6 and up!</p> <p><b>COST:</b> \$40 (Includes T-shirt and lunch)</p>
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**Participants will learn: Cheer ✦ Dance ✦ Stunting ✦ Jumps**

**Register by June 5<sup>th</sup>. Space is limited.**

**Participants must wear athletic wear (t-shirt, shorts, tennis or cheer shoes)**

E-mail your completed registration form to Head Coach Jessica Ponzio at [pennavariaj@gmail.com](mailto:pennavariaj@gmail.com) / 724-516-8421

Please make checks payable to Quaker Valley High School with "Cheer Clinic" in the Memo

**PLEASE PRINT ALL INFORMATION:**

If you are registering more than one participant, please use separate registration forms.

**Participant's** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Current Cheerleader: Y or N

**Parent/Guardian** Name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact (If different than Parent/Guardian above)**

Contact's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_



**T-Shirt Size** (Please circle your child's size): **Youth:** Sm Med Lg **Adult:** Sm Med Lg

**Food Allergies or Dietary Restrictions:** \_\_\_\_\_

We hereby give our consent and approval for the participation of the applicant in the program conducted by the Quaker Valley Cheer Coaching Staff. We certify that he/she is physically fit to take part in all the activities. Further, we do hereby waive and release said organization, its staff officer, representatives, coach, and employees from any or all claims for damages, injury, or loss of property during the camp.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_