

JDA Mini Cheer Clinic

My daughter, \_\_\_\_\_, has my permission to participate in the 2017 mini cheer clinic sponsored by the Varsity cheerleaders. I do not hold the school, cheerleaders, sponsors, Athletic Director, or Headmaster responsible in any way should an accident or medical condition occur during the clinic. I also grant permission for any treatment deemed necessary for any condition occurring while attending the clinic, including the choice to take my child to the hospital for any medical or surgical treatment. I certify that my child has no medical condition of which I am aware other than those listed below.

Parent or Legal Guardian

\_\_\_\_\_ Date \_\_\_\_\_

Please list any medications your child may be presently taking or any medical conditions that she may have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Childs Name \_\_\_\_\_ Age \_\_\_\_\_

Please circle one:

T-shirt size:	XSM	SM	MED	LGE
	(2-4)	(6-8)	(10-12)	(14-16)

Phone # \_\_\_\_\_

# Mini Cheer Clinic ~~2016~~ 2017

Dear Parents,

The JDA cheerleaders will be hosting a "Mini Cheer Clinic" August 7<sup>th</sup> – 10<sup>th</sup> from 9:00 to 12:00. This cheer clinic is open to any girl from K4-5<sup>th</sup> grades. Please invite all of your friends to join us. Each day the girls will learn cheers and play games. They will perform for you on August 10<sup>th</sup> to show you what they have learned. The awards ceremony will be held on this date as well. The time for that will be at 11:00. Parents, Grandparents, and any other family members and friends that would like to attend are welcome. All participants will have the opportunity to cheer during the first quarter of two home games and perform at half time of a football game. The cost for this clinic is \$55.00 and is due by Friday, July 21<sup>st</sup>. Please make check **payable to JDA Cheerleading**. This fee will include cheer instruction, ~~snacks~~ and a cheer clinic t-shirt.

Each group will experience individual attention from the Varsity cheerleaders. If you wish for your child to attend, please fill out the cheer clinic permission form.

Thank you for all your support.

Sincerely,

April Wells 837-0905

Brook Bolton 300-3551

