



FHS 2010 Cheer Clinic

Saturday, February 13th 8:30 am to 12:30 pm
Friendswood High School Girls Gym
Students age 5 to 13 Fee: \$40



The Cheer Clinic students will:

- *participate and practice under the instruction of FHS Cheerleaders
- *receive a free Cheer Clinic T-Shirt if registered and paid by Friday, Jan. 29th, 2009
- *have your picture taken with your FHS Cheerleader instructor and Mighty the Mustang
- *awarded a 2010 Cheer Clinic Certificate
- *perform at and receive 1 free admission (participant's only) to the FHS Boys Basketball game on Tues. Feb. 16th, 7:30 pm. Pre-sale ticket's available at registration for other family member's.
- *Sit with FHS Cheerleader's in reserved seating at the February 16th ~Varsity Basketball game
- *snacks will be served during the clinic

Registration fee and the signed registration form (lower half) must be received by Friday, January 29th, 2010 to receive the FREE Cheer Clinic T-Shirt. Late registration can be made the day of the clinic, but the T-Shirt's are not guaranteed since these are ordered in advance.

****Registration and Cheer Clinic T-shirt hand-out begins at 8:00 am, Saturday, February 13th****

Mail registration form and check made out to: F.M.B.C. (Friendswood Mustang Booster Club) to:

FHS Cheerleaders, C/O Kerri Yee, 702 Greenbriar, Friendswood, TX 77546

For information or questions call: ~ FHS 281-482-3413 ~Janet Wegner 713-816-8303

*Spirit items, such as shorts, bows, flip-flops, etc., will be for sale throughout the clinic!

Cut and send this lower half with check.

FHS 2010 CHEER CLINIC

Child's Name: _____ **Age:** _____

Parent's Name: _____ **Phone #** _____

Address: _____ **Grade/School** _____ / _____

Circle T-Shirt Size:

(youth) SM MED LG (adult) SM MED LG

I authorize FHS Cheer Clinic Staff to consent to medical treatment for my child when I cannot be reached for consent. No prior determination to life threatening emergency or danger of serious or permanent injury resulting from treatment need be made under this authorization. Exceptions to this authorization are as follows: I, _____, am fully aware that any activity involving motion creates the possibility of serious injury, and I further agree to hold Friendswood Independent School District, Cheer Clinic Staff, organizers, and cheerleaders harmless for any injury or resulting expenses. I release and discharge any and all rights and claims against Friendswood Independent School District, Cheer Clinic Staff, organizers, and cheerleaders. Friendswood Independent School District, Cheer Clinic Staff, organizers, and cheerleaders strive to provide the maximum in safety procedures and guidelines, and therefore cannot assume responsibility for any accident's or injuries that may occur.

Signature of parent/legal guardian _____

Date _____

Home Phone# _____ **Work Phone #** _____

Medicines allergic to: _____

Doctor and Phone# _____

In case of emergency, back-up person to notify: _____

Phone# _____

Food Allergies: _____

Special Needs: _____