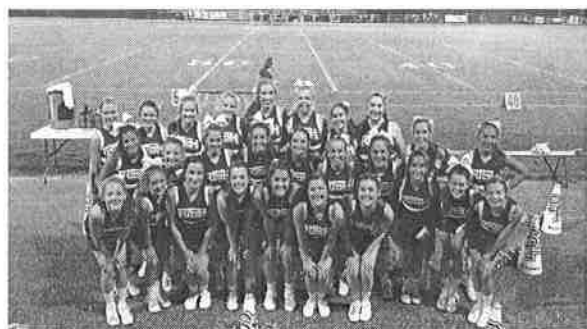


St. Patrick Catholic High School

Tryout Cheer Clinic



Time: 1:00 pm - 4:30 pm

Place: SPCHS Gym

Date: March 9th

-Open to current grades 6-11

-Cost: \$10 (made out to SPC)

What is the clinic for

- The tryout cheer clinic is an optional clinic open to all students grades 6-11. (They do not have to be current SPCHS students to attend.) This clinic will help to better prepare the athletes for the upcoming tryouts and provide them personal feedback on what to work on.

Important Information

1. **Cost:** The cost is \$10 per person. All checks should be made payable to St. Patrick Catholic High School. (Checks and cash will be accepted and should be turned in to Ms. Hebert)
 2. **To register,** fill out the packet and return it along with the \$10 registration fee. Sign ups will also be open on the day of the clinic from 12:30pm - 1:00. No one will be allowed to participate following 1:00pm without prior registration.
 3. **What will they learn?** Athletes will learn the tryout cheer, as well as important tips to prepare for tryouts. Each athlete will gain feedback from the current coaches, helping them to understand expectations. All tryout information will be released following the clinic (attire, specific requirements, etc.).
- Need more information?** Feel free to reach out to Ms. Hebert or Ms. Norton for more information.

jhebert@stpatrickhighschool.net

knorton@stpatrickhighschool.net

ST. PATRICK CATHOLIC HIGH SCHOOL

Participant Name: _____ (Please Print)

Date of Birth: ____ / ____ / ____

Height/Weight: _____ ft / _____ lbs Gender: Female Male

(These are for stunt group purposes)

Current Grade: _____ Current School: _____

Parent/Guardian Name _____

Phone (cell) _____ (work) _____

Physician Name and Phone Number _____

Name of Insurance _____

Police or ID Number _____

Please list any allergies or relevant medical conditions: _____

I, _____ (parent/guardian) give my permission for _____ (child) to participate in the SPCHS Cheerleading Pre-Tryout Clinic. I understand that cheerleading involves inherent risks due to the nature of vigorous physical activity. I certify that my child's present level of physical condition is consistent with the demands of the physical activity. I FULLY KNOW THE RISKS INVOLVED IN PARTICIPATION OF THIS CHEERLEADING ACTIVITY. I accept full responsibility for medical, hospital, and any other related expenses and do hereby hold harmless the SPCHS Youth Cheerleading Clinic and St. Patrick Catholic High School, their agents and/or assigns of all responsibilities for injuries or expense and waive any and all claims which may rise against them. My signature on this form attests the fact that I have read, understand, and agree with the information contained on this form and that I give consent for my child to participate in the SPCHS Youth Cheerleading Clinic as stated above.

Signature of parent/guardian

Print Name

Date

ST. PATRICK CATHOLIC HIGH SCHOOL

228-702-0500 | www.stpatrickhighschool.net

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