

CENTRAL CATHOLIC H Cheer Clinic



Central Catholic Cheerleaders will be holding a cheer clinic for children pre-K — 6th grade

Friday, January 19th
Clinic at 3:30 p.m. followed by
Performance that will be between JV and Varsity
game (approximately 7:00 p.m.)
at Central Catholic High School (please enter thru main school entrance)
Each participant will receive a cheer t-shirt to wear in the evening performance

Please bring a sack supper and drink, snack will be provided by the Cheerleading Squad. Dress in comfortable clothes and tennis shoes.

Register by January 17. \$30.00 each child
Please make checks payable to CC Cheerleading Squad. Return registration form and check to the offices at Central Catholic, St. Boniface, St Mary's or St. Lawrence schools. Late registration at door, but t-shirt not guaranteed. Registration fee is non-refundable.

For questions, please contact Lisa Fusiek 765-418-9956 fusiek8@comcast.net, Marley Fusiek 765-337-1110 or Madison Corley 765-413-8627

Last Name _____ First Name _____
Grade _____ School _____ Shirt size _____
Home Address _____
Parent/Guardian _____ Phone# _____
Emergency Contact _____ Phone# _____
Person picking up your child (other than yourself) _____

The Central Catholic Cheerleaders appreciate your support.
GO KNIGHTS!!

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INSURANCE INFORMATION

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Lafayette Catholic School System, its officers, directors, employees, and coaches and the Diocese of Lafayette-in-Indiana and it's representatives participating in the camp or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith.

Emergency Medical Treatment: In event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital of doctor. In event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____

Relationship to Camper: _____

Phone: _____

Cell Phone: _____

Signature: _____

Date: _____