

CENTRAL CATHOLIC

**H
E
E
R
L
E
A
D
E
R
S**



Central Catholic Cheerleaders will be holding a Battle of the Saints Mini Cheer Clinic for children pre-K — 6th grade
Friday, March 8 , 3:30—6:00 p.m.
at Central Catholic High School
Eberle Gym (enter at Jr. High entrance)

Participants will perform at half-time of the Battle of the Saints game that evening.
Each participant should wear to the game that evening,
a blue shirt for St. Mary's/St. Boniface or Red for St. Lawrence

Register by March 6. \$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. 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.

*****CAMPERS AND PARENTS MUST PAY TO ENTER THE BATTLE OF THE SAINTS GAME*****

Last Name _____	First Name _____
Grade _____ School _____	
Parent/Guardian _____	Phone# _____
Emergency Contact _____	Phone# _____
Last Name _____	First Name _____
Grade _____ School _____	
Parent/Guardian _____	Phone# _____
Emergency Contact _____	Phone# _____

The parent/guardian of the student(s) named above, herewith grants permission for the student(s) to participate in The Kids Knight In activities. Furthermore, I grant permission to consult and receive medical attention from the medical physicians of any emergency, I do hereby release Central Catholic, the Board of Trustees, administrators, coaches, teachers, trainers, and cheerleaders from any liability in connection with any injury that the student(s) may receive in his/her participation in the above mentioned clinic and game performance.

Parent Signature _____

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

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 or 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: _____