

Who needs a tiara
when you have a bow?



Girls and Boys

Grades K-8

(Minimum age 4)



Pacifica Mariner Cheer Clinic 2018

COME CHEER WITH US!!

Tuesday Jan. 23—Friday Jan. 26th

Activities Include:

Clinic: Tuesday 1/23/18—Thursday 1/25/18

(Pacifica Campus 3:15—5:00)

*Game: Friday 1/26/18 @ 6pm

(Pacifica High School Gym)

*Clinic Fee \$40.00

*Commemorative picture with your new Cheer Friends

*2018 Cheer Clinic T-Shirt and bow included

*Cheer 1st half of game & perform at halftime

***EACH PARTICIPANT MUST BE CHECKED IN/OUT EACH DAY BY PARENT OR GUARDIAN.**

Come cheer with us to support our

Varsity Basketball Team!!!



Cheer Clinic Registration Form

Childs Last Name _____ Childs First Name: _____ Age: _____ Grade: _____

Home Address: _____ City: _____ Zip: _____

Phone (during clinic hours): _____ email: _____

Parent Name(s) _____

Contact name and phone (Game day 1/26/18) _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Any medical restrictions or special information: _____

Allergies (foods, medicines, etc.): _____

I, the undersigned give permission for my child to participate in the Pacifica High School Cheer Clinic and cheerleading opportunities, Jan. 23—January 26, 2018 understand that cheerleading is a physically

demanding activity that may expose my child to risk of injury and exertion. I agree to accept the risks

Associated with this activity and indemnify Pacifica Mariner Cheer Boosters, Pacifica High School, GGUSD, it's agents against liability resulting from age-appropriate cheerleading activities.. **I also understand my child must be checked in/out of clinic by a parent or guardian each day.**

If the above named child needs emergency medical treatment and neither a parent nor the designated family physician can be contacted, (1) consent is hereby given for the agents of the high school to seek prompt medical attention for my child should they determine that it is required, and (2) consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Parent/Guardian Signature: _____ Date: _____

Participant T-Shirt Order (Included)

Please circle one of the following T-Shirt sizes:

YOUTH: YS (6-8) YM (8-10) YL (10-12) YXL (12-14)

ADULT: AS AM AL AXL

Cheer Clinic: \$40.00

Total paid: \$ _____

Please be certain the information provided above is complete and accurate. Please make checks payable to PACIFICA CHEER BOOSTERS . Minimum age to participate in clinic is 4 years old.