



CTHS CHEER KIDS CLINIC

Saturday, January 19th

10:00am – 12:30 pm

Check-in will begin at 9:45 am in the CT Main Gym.

Who: Any student, grades K-8. We will divide into smaller groups at the clinic if needed.

Dress/What to Bring: Wear comfortable clothes and tennis shoes that are easy to move in. Please no jeans! No jewelry, hair pulled back in a ponytail. Please bring water.

Cost: \$45.00

Please make check payable to CTHS Cheer – (There are no refunds!)

**Cost includes participation in the cheer clinic, a t-shirt (if registered on or before January 10, a pair of spirit poms, a hair ribbon and entrance into the game for the participant.

Participants will perform a halftime routine at the Cherokee Trail vs. Smoky Hill on Saturday, January 26th, at the CTHS Main Gymnasium. After the performance, parents may meet up with their child near the main entrance. *Please note that the performance game is tentative and subject to change depending on the finalized basketball schedule. If the game date does change, you will be informed asap.*

Please direct any questions to head coach Kelsey Rauh at cherokeetrailcheer@gmail.com

Please detach and mail in the registration form and your payment to:

CTHS Cheer – Kelsey Rauh

25901 E. Arapahoe Rd.

Aurora, CO 80016

CTHS Cheer Clinic Registration Form

(One form per participant. Please keep top half for your information.)

Participants Name: _____ Grade/School: _____

Parent(s) E-mail Address: _____ Phone: _____

Address: _____

City: _____ Zip: _____

T-Shirt size (circle one):

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Even through proper progression of training will be utilized and the safety of all participants is the highest priority, there still exists a potential for injury. Students with a history of health related concerns must supply pertinent information to the clinic staff prior to participating and should not engage in activity that is contraindicated for their condition.

By signing this document:

1. You acknowledge the potential for injury in engaging in strenuous activities.
2. You agree to disclose any existing health related concerns to the staff.

The undersigned will be contacted in case of emergency. In the event of a medical emergency, the undersigned appoints Cherokee Trail High School and/or its agents to act as guardian in my stead for purposes of authorizing medical treatment or attention without liability to Cherokee Trail High School and/or its agents, and release Cherokee Trail High School and/or its agents from any liability or suits, courses of action, claims, or other responsibility for injuries or illness incurred while at or resulting from the program. Special instruction for medical situation, etc. should be included.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT:

Signature: _____

Date: _____