



Agoura High School
Chargers Cheer Clinic
(Ages 7 - 14)

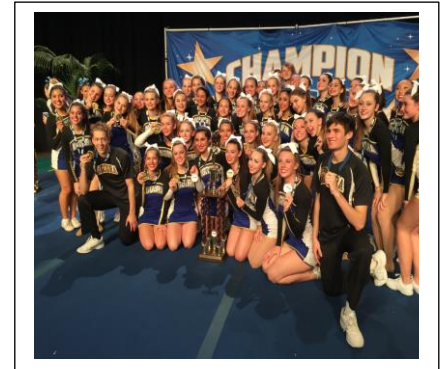
Come cheer with the Agoura 2016-2017 Spirit Team
15 Time USA National Champions

Agoura High Youth Cheer Clinic



Sunday, October 16th 2016
9:30 am to 12:30 pm
Agoura High School Gym

Cost is \$35 per child
Includes a T-shirt, snacks, and a goodie bag!



**Participants will perform immediately after the clinic at the
Agoura High School Spirit Jam
Car Show and Festival
Sunday, October 16th, 2016 at 12:30pm
on the Agoura High School campus**

(Admission to the Car Show and Festival is FREE and runs from 10:00am-2:00pm)

The Agoura High School Spirit Team will be teaching cheers and a dance routine to all the kids at the clinic. Your child will have the opportunity to perform with the Agoura Spirit Team at the AHS Spirit Jam Car Show on October 16, 2016 (no substitutions on dates). Participants should come to the clinic dressed in comfortable clothes and athletic shoes. T-shirt sizes are subject to availability.

Please RSVP to Lindsey Rosefsky via email at ahsspiritjam@gmail.com by October 10th, 2016 with the number of students that will be attending and preferred T-shirt size (Youth S, M, L, Adult S, M). Return email will be your reservation acknowledgement. Bring it with you to the clinic to register.

Payment must be made by cash or check payable to **Agoura High School** *before the start of the clinic.*

Please mail payment and signed release to:
AHS Spirit Jam
Attn: AHS Youth Cheer Clinic
5737 Kanan Road #216
Agoura Hills, CA 91301

DO NOT FORGET TO FILL OUT AND SIGN THE RELEASE ON THE BACK OF THIS SHEET AND INCLUDE IT WITH PAYMENT!



Agoura High School
Chargers Cheer Clinic
AHS Spirit Jam/Car Show
(Ages 7 - 14)
October 16th, 2016

Come cheer with the Agoura 2016-2017 Spirit Team
USA National Champions

RELEASE

must be signed and turned in the day of the event

I request that my son/daughter, _____, be permitted to participate in the Agoura High School Cheer Clinic on October 16th, 2016. I agree to direct my child to cooperate and conform to directions and instructions of the school or certified coach personnel responsible for this activity.

As a condition of participating in this activity, I hereby release and discharge the Agoura High School and its respective employees and any parent/volunteer chaperone, from any and all claims for personal injuries, wrongful death or property damage that my son/daughter may suffer as a result of participation in this activity, whether or not such injuries or damage are caused by the negligence (active or passive) of the school, certified coach personnel, their employees or chaperones.

Should it be necessary for my son/daughter to have medical treatment while participating in this activity, I hereby give the responsible personnel or chaperones permission to use their judgment in obtaining medical service, and I give permission to the physician selected by the school personnel or chaperone to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

I understand that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to indemnify and hold harmless from the cost of any medical treatment and related expense and cost incurred.

Child Name: _____ Age: _____

Parent Name: _____

Address: _____

Contact #: _____

Email: _____

Requested T-shirt Size: YS YM YL AS AM

Parent Signature: _____ Date: _____