

Morristown High School



Colonials Cheer

Cheerleading Clinic

June 25, 26, 27th

Place

**FRELINGHUYSEN MIDDLE SCHOOL GYM
10 JANE WAY MORRISTOWN**

Time

9:00 a.m. – 12:00 p.m.
(Registration is at 8:45 a.m)

Clinic Director:

Chrissy Chase, MHS Cheerleading Coach, Chrissy.Chase@msdk12.net

CLINIC INFORMATION

Grade: 2018-2019 K – 8th Grade

Fee: \$75 (T-SHIRT INCLUDED)

Basic skills taught: Cheers, Chants, Dances and Jumps

What to bring: Water Bottle and Snack

What to wear: Shorts, t-shirt, socks, athletic sneakers. Long hair must be in a ponytail.

Cheer Clinic Includes:

Grade Bonding - By working together in their grade levels the cheerleaders will learn how to work together and communicate as they learn cheers and routines. During the week the cheerleaders will partake in friendly competitions to win prizes.

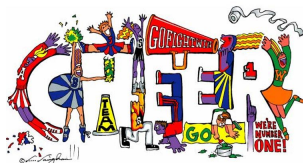
Safe and Secure Camp Environment The major emphasis of our staff is to provide an indoor camp setting that is very safe and secure with excellent adult supervision as well as first aid-trained staff. Good common sense is applied to any situation that may occur with the health, safety and well being of every camper as the forefront of our philosophy.

Private Coaching - Your own MHS Varsity Instructor will be assigned to your group at registration. This one-on-one attention lets you achieve new performance heights throughout the week.

Fun - The emphasis is on providing a relaxed atmosphere where the cheerleaders can really enjoy themselves while learning new skills and routines.

MAIL THE ATTACHED COMPLETED FORM WITH YOUR CHECK (made out to MHS Cheerleading) TO

**MHS Cheerleading
38 Livingston Rd.
Morristown, NJ 07960**



Participant Release & Waiver Form

Participant's Name _____

Participant's Grade in Sept 201 _____

Name of Parent/Legal Guardian _____

Participant's School Name _____

Home Address _____

Parent/Guardian E-mail Address _____

City, State & Zip _____

Emergency Contact _____

Home Phone Number _____

Emergency Contact's Phone Number _____

Parent/Guardian Cell Phone Number _____

Emergency Contact's Cell Phone Number _____

Medications _____

Allergies _____

Family Doctor/Phone Number _____

Insurance Co., Address & Policy # _____

Each Cheerleader will be provided with a t-shirt. Please specify size (circle one):

YS YM YL YXL AS AM AL

Register Early! After 6/3, participants will not receive a t-shirt.

As parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above MHS Cheerleading Clinic. I, in my own behalf and on behalf of the Minor, further agree to release and hold harmless MHS Cheerleading and the Morris School District from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses arising out of or connected with the Clinic, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the Minor may incur or sustain during the Clinic, including any claim arising out of or connected with any activities associated with the Clinic.

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Liability Release releases from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian

Date: _____