

Horizon High School Spiritline's All New Junior Huskies Pom & Cheer Clinic



Calling All Future Pom & Cheer Members in Grades 1-8!
Wednesday, September 18, 2019
3:30pm - 7:45pm in the HHS Cafeteria

The Horizon High School Pom & Cheer members will be hosting an all New Pom & Cheer clinic for students in grades 1-8! Participants will be divided by grade and will learn several HHS cheers and a short halftime routine to be performed at a HHS Freshman football game on ***Wednesday, September 18th (all in one day)***. The Clinic will be led by the HHS Spiritline members. All participants will receive a t-shirt, bow and dinner.

**** Parent's attending game - there is a \$5.00 entry fee, game starts at 6pm - Half time approximately at 6:45pm, please arrive in ample time as halftime times may vary****

When: Wednesday, September 18, 2019
 Time: 3:30pm - 7:45pm
 Location: Horizon High School Cafeteria
 Address: 5601 E. Greenway Rd
 Scottsdale, AZ
 Registration: 1) By Mail
 2) Horizon Webstore
<https://az-paradisevalley.intouchreceipting.com>; Or
 3) In Person the day of clinic
 Attire: Tennis shoes required, black shorts suggested
Please bring water bottles
 Questions: Please email all questions to
horizonpomandcheer@gmail.com

Cost is \$50.00 (non-refundable) if you register by September 10, 2019
Please make your check payable to "Horizon High School"

Participant name: _____
 Mailing address: _____
 Parent/Legal Guardian: _____
 Phone: _____ E-mail: _____
 Grade: _____ School Attending: _____
 Shirt Size: Youth S _____ Youth M _____ Youth L _____ Youth XL _____ Adult S _____ other _____

** Mail check to
 Horizon High School
 Attn: Bookstore
 5601 East Greenway Road
 Scottsdale, AZ 85254

**Parental/Guardian Medical Waiver and Release for
Horizon High School Pom & Cheer Clinic**

Participant Name: _____ Date of Birth: _____
Grade in School: _____ School attending currently: _____

MEDICAL INFORMATION

Any Known Allergies, Illnesses, Injuries, or Disabilities: _____

Physician's Name: _____ Phone: _____

Physician Address: _____

Date of Last Tetanus Booster: _____

INSURANCE INFORMATION

Insurance Co. Name: _____

Insurance Co. Phone number(s): _____

Policy holder's name: _____

Policy number: _____ Group number: _____

EMERGENCY INFORMATION (if we can't reach you)

Emergency contact name #1: _____ Relationship: _____

Home number: _____ Cell number: _____

Emergency contact name #2: _____ Relationship: _____

Home number: _____ Cell number: _____

PARENTAL/GUARDIAN MEDICAL RELEASE AND WAIVER

I hereby:

1. Give permission to the above named participant to attend and participate in the Horizon High School (HHS) Pom & Cheer Clinic.
2. Give permission to the staff to photograph the participant for use on social media.
3. Give permission to the staff to render first aid or emergency treatment if needed. If staff is unable to reach me, the treatment deemed necessary for my child's health will be given.
4. Certify that the medical information given above is complete and accurate, and that no health related situations preclude my child from participating safely.
5. Agree to assume all risk arising from my participation in clinic.
6. Agree to save, hold harmless, discharge and release HHS, their student instructors, coaches and parent volunteers for any and all liability, claims and causes of action, damages or demands in connection with participation in the clinic.
7. Understand that any medical expenses will be the sole responsibility of the participant's parent or legal guardian.
8. Agree to accept any decisions made by the facilitating coach regarding a loss of participation by my child, if during the clinic, unacceptable or inappropriate behavior is exhibited by my child.

By signing below, I certify that I am the participant's parent or legal guardian, and attest that I have read and agree to the above ***Parental/Guardian Medical Release and Waiver***.

Printed name of Parent /Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian phone contact: _____ or _____