



**PLEASE COME - JOIN IN THE FUN**  
**YORK CATHOLIC**  
**CHEER CLINIC**

**Saturday, September 30, 2017**

9:00 am to 12 noon

Showcase for parents from 11:45 am-12 noon

**Grades K-6 WELCOME**

Meet and Spend Time with the Varsity Cheerleaders

Learn cheers, chants, and a dance!

Snack is provided

Get to Cheer at a Varsity Football Game on October 13

\$25 - one child

\$35 - two children

\$45 - three children



*If you would like your child to participate in this event,  
 please complete, sign, and return the following statement of consent and waiver of liability.*

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

**CONSENT AND WAIVER**

My child has special medical concerns. Yes \_\_\_ No \_\_\_ (If yes, please describe on back of this paper.)

I hereby request the participation of the child named above in the event described above. I understand this event will take place at York Catholic High School and that my child will be under the supervision of the YC Cheerleading Staff on the stated date.

I hereby agree, on behalf of the named student and his/her other parent or legal guardians, to waive any claims for liability against York Catholic High School, the Diocese of Harrisburg (and any diocesan or school officers, agents or employees) which may arise from the participation of the named student in the above-described event.

\_\_\_\_\_  
 Parent/Guardian Printed Name

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Phone # During Clinic

\_\_\_\_\_  
 Email Address

Please return to the YCHS Main Office by

**September 28, 2017**

\_\_\_\_ Cheer Clinic Registration Form

\_\_\_\_ Cheer Clinic Fee

(Checks payable to: York Catholic High School)

For internal use only: \_\_\_ Cash \_\_\_ Check# \_\_\_\_\_

Questions can be directed to Heather Hoffman at 846-8871 x220 or [hhoffman@yorkcatholic.org](mailto:hhoffman@yorkcatholic.org).