



PLEASE COME - JOIN IN THE FUN

YORK CATHOLIC CHEER CLINIC

Saturday, September 5, 2026

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 9

\$30 - one child

\$40 - two children

\$50 - 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 _____

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

CONSENT AND WAIVER

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 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 Middle & 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 York Catholic Main Office by

September 2, 2026

____ Cheer Clinic Registration Form

____ Cheer Clinic Fee (checks payable to: York Catholic)

For internal use only: ___ Cash ___ Check# _____

Questions can be directed to Heather Hoffman at 717-846-8871 x1320 or hhoffman@yorkcatholic.org.

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