

Looking for Future CHEMIC POMMERS!

- What:** A Pom Clinic and Performance at a Midland High Varsity Basketball Game
- When:** **Clinic:** Thursday Feb. 23rd from 3:45-6:45 p.m. at MHS
Performance: Thurs. Feb. 23rd at halftime of the MHS Boys' Varsity Basketball game (6:45-7:45)
- Where:** Midland High School-enter main doors (in atrium) between 3:45-4:00
- Cost:** \$35 Includes: Clinic, pizza, shirt, and game admission for the participant
Late/on-site registration is \$40, however a shirt is not guaranteed
- Who:** Anyone k^{indergarten}- 9th grade is welcome (participants will be divided into age appropriate groups depending on the amount of girls participating).
- Registration:** Turn in registration/permission slip and cash or check payable to **MHS POM PON** to the Midland High School Main Office or mail payment to 1301 Eastlawn Dr. Midland, MI 48642 c/o Katy Stearns. Payment/registration is due by Friday Feb. 10^h to ensure a t-shirt.
- Other:** Participants should wear comfortable "workout" clothes for the clinic with tennis shoes and have their hair up. Please make sure to bring a water bottle. For the performance a white shirt (or clinic shirt) with dark shorts or pants, no jewelry and hair up. Participants will be supervised by a member of the Varsity and/or JV Pom team for the duration of the program.
- Questions:** Please email to chemicvarsitypom@gmail.com and either Coach Crystal Forsberg or Coach Katy Stearns will get back with you.

Future Chemic Pommers Registration/Permission Form (please send with \$35 registration fee)

Name: _____ **Grade:** _____

Circle shirt size: Youth Sizes: S M L XL **Adult Sizes:** S M L

Parent Name: _____ **Phone #:** _____

Emergency Contact Name/Phone #: _____

Name of individual(s) permitted to pick up child: _____

Release and Indemnity: The undersigned assumes all responsibility for any and all risk of damage or injury that may occur to the above named player as a participant in this Pom Clinic. In consideration of such, the undersigned hereby releases and discharges the program and its instructors from all claims, demands, right or causes or action present or future. We further agree that the participant has no medical problems and is in good physical health and that we will be responsible for all medical and dental claims and, or insurance. I give permission for my child to participate in the Future Chemic Pommers Clinic.

Parent/Guardian Signature: _____ **Date:** _____

Please indicate below any medical concerns or other issues we should be aware of (i.e. asthma, food allergies):



Future MHS Pommer Clinic

Thursday, Feb 23

3:45 - 7:45 at MHS

Plus Performance at 7:00 Varsity Game!

\$35 includes: Pizza, T-Shirt & Entry to Game



Open to Kindergarten - 9th Graders * Participants will be split by age

Email chemicvarsitypom@gmail.com to sign up!