

TRIAD BAPTIST CHRISTIAN ACADEMY
Cheerleading Clinic



CLINIC DATES AND TIMES

Elementary (rising 2nd-5th grade girls)
Saturdays: June 2, 23, & July 14 | 9am-Noon



During each one day clinic your spirited young lady will learn different Triad Titan cheers and sidelines, along with jumps, motions, and other cheerleading fundamentals. They will also be featured at one TBCA Varsity Girls' Basketball game (tba).

Each Clinic is \$25 or \$60 for all three. Please register by May 27th to secure your spot.
Each Clinic includes 9 hours of instruction. Registration includes a set of poms and a cheer t-shirt.

For more information contact:

Audra Locklear, Cheer Clinic Director at second@tbcanow.org

*Applications can be mailed to :
1175 S. Main Street Kernersville, NC 27284
or returned to the Academy Office*

Application

Please cut and return the application form, money, and permission sheet to the office at Triad Baptist Christian Academy.

Attendee Name: _____ Age: _____

Is your daughter cheering on the TBCA Elementary Cheer Team? _____ Grade Entering: _____

Please select which Clinic(s) you will be attending: Clinic 1 June 2 Clinic 2 June 23 Clinic 3 July 14

Parent's Name & Phone: _____

Email: _____

T-Shirt Size: (Circle One) YS YM YL AS AM AL XL

Note: Snacks and drinks will be available for purchase throughout the week.
*Spaces are limited





Clinic Cost

Each Clinic is \$25 or \$60 for all three. Please register by May 27th to secure your spot.

The price of registration includes a t-shirt and a set of poms. To reserve your athlete a spot, registration must be mailed or turned in at the school office at Triad Baptist Christian Academy.

All applications are due by May 27th. Checks should be made out to: Triad Baptist Christian Academy. Memo: Cheerleading Camp

As parent(s) or legal guardian(s), we(I), so hereby release, and agree to hold harmless the TBCA Cheerleading Camp and its host school and the directors thereof from any and all liability, claims, or demands for personal injury, as well as property damage and expenses, of any nature, whatsoever which may be incurred by undersigned and the child participant that occur while said child is participating in the Cheerleading Clinics. We also grant our permission for her to participate fully in activities, and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume all responsibility of any medical bills. *In the case of an emergency, every effort will be made to contact parent/guardians immediately.*

Legal Guardian

Date

Phone Number