



# Hunterdon Central Spring Cheer Clinic

*Come spend the day with the Hunterdon Central Varsity cheerleaders and prepare for next year's tryouts and/or season! Participants will work on motion technique, jump technique, tumbling technique, and stunts.*

The clinic will be held on **Saturday, May 18, 2019** at Hunterdon Central HS on the 9/10 campus near the Tennis Courts.

**Grades K-7 - 9:00 - 12:00 PM**

**8th Graders Only - 1:00 - 4:00 PM**

Please plan to arrive at least 15 minutes prior to start of clinic with your hair pulled up, no jewelry, comfortable clothes and cheer sneakers. **Please bring plenty to drink and a snack.**

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### *Participant Release and Waiver Form*

(Every cheerleader attending the Clinic MUST fill out this form.)

Cheerleader's Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ T-Shirt Size (Please Circle One): YM YL YXL AS AM AL AXL

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Relationship to Cheerleader: \_\_\_\_\_

Parent's Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_, a minor, hereby grant the permission necessary to allow above Minor to participate in the above Camp to be conducted by HC Varsity Competition Squad and their Coach. I acknowledge and agree, in my own behalf and on the behalf of the Minor, that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in the Camp. In the event of such illness or injury, I authorize HC Varsity Competition Squad and their Coach to obtain the necessary medical treatment for the Minor and hereby, in my own behalf and on behalf of the Minor, release and hold harmless the HC Varsity Competition Squad and their Coach, and the Hosting Site, on whose premises the Camp will occur. I further acknowledge and understand that I will be responsible for any and all medical bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during this clinic.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The cost of this clinic is \$40.00 per cheerleader. Please make checks payable to: [HCRDMBC - Cheer](#)*

*Please send this form and check to: [Cathe Poulson, 308 Mountain Road, Lebanon, NJ 08833](#)*

*Registration is due by **May 11, 2019**. Any questions or concerns, please email*

*[cathepoulson@gmail.com](mailto:cathepoulson@gmail.com)*