

# Lincoln-Way West Cheer Clinic

Lincoln-Way West Cheerleaders will teach you a routine to perform at the LWW Varsity football game on Friday, August 24th, 2018. All cheerleaders will receive:

- T-shirt
- Performance during the West Sophomore football half-time (8/24/2018)
- FREE parental admittance (2 adults & children) letter to the VARSITY Football game

**CLINIC: THURSDAY, AUGUST 23<sup>th</sup>, 2018**

**PERFORMANCE: FRIDAY, AUGUST 24<sup>th</sup>, 2018 (Game start time 5:00pm)**

Please have your child dressed in t-shirt given at camp, black shorts, high pony & gym shoes. Arrive at 4:15pm in fieldhouse on Friday

**WHERE: Lincoln-Way West Field House (Please wear athletic clothing)**

**CLINIC: Session 1 (Pre-K – 4<sup>th</sup> grade) 4:00 – 6:00 P.M.**

**Session 2 (5<sup>th</sup> – 8<sup>th</sup> grade) 6:30 – 8:30 P.M.**

**COST: \$35.00 No refunds will be given**

**Questions: Please contact Nicole White with any questions [whitenicole32@gmail.com](mailto:whitenicole32@gmail.com)**

Registration forms with payment are due to Coach White by Wed., August 15<sup>th</sup>, 2018. If you are not registered on or before August 15<sup>th</sup>, we cannot guarantee that your cheerleader will receive a t-shirt, but they may still attend the camp for the same price.

Cheerleader Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Mail this bottom portion with payment:**  
Lincoln-Way West H.S.  
Attn: Nicole White (Head Cheer Coach)  
21701 S. Gougar Rd.  
New Lenox, IL 60451

**Circle your grade:**

**Session 1:** PreK    K    1    2    3    4

**Session 2:**    5    6    7    8

**Circle your size:**

**T-shirt Size:** YS    YM    YL    AS    AM    AL    AXL

I understand that an athletic camp carries with it certain risks. There is always a chance of injury. I hereby authorize the directors of the Lincoln-Way Camps to act for me accordingly to their best judgment in any emergency requiring medical attention. NOTE: The school nurse and athletic trainers are not available for these programs.

**X** \_\_\_\_\_

Signature of Parent or Guardian

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_