

Twinsburg Youth Cheerleading Clinic

*CHEER * JUMPS * DANCE * GAMES*

Join the Twinsburg High School cheerleaders for an evening of spirit and fun!

Who: Twinsburg students in grades 1st – 6th

When: Thursday, January 24, 2019

Where: THS Gymnasium

Cost: \$25 per child

Check-in: 5:45 – 6:00pm / Instruction: 6:00-8:00pm

Registration form and payment due by January 18, 2019 to receive a “Future THS Cheerleader” t-shirt

Participants of the clinic are invited to perform with the THS cheerleaders at halftime of the boys' varsity basketball game on Friday, January 25, 2019. Participants will be admitted free to the game.

Ticket prices for accompanying adults are \$6 and students are \$4



Please complete and return the bottom portion of this form and the attached emergency medical form to the main office at Dodge, Bissell, Wilcox or drop off to the Welcome Center at THS.

Payment must be turned in with form (checks made payable to Twinsburg Athletic Boosters - Cheerleading)

Child Name (First/Last): _____

Parent/Guardian Name (First/Last): _____

Parent/Guardian Phone #: _____

School (circle): WILCOX BISSELL DODGE

Grade (circle): 1st 2nd 3rd 4th 5th 6th

T-shirt size (circle): Youth S Youth M Youth L

Adult S Adult M Adult L Adult XL

****Registration deadline for clinic w/ guaranteed t-shirt is 1/18/19**

****Walk-in registrations will be accepted but we cannot guarantee a t-shirt**



Questions: please email Coach Lindsey Berdysz at lberdysz@twinsburgcsd.org or Athletic Department Administrative Assistant, Erin Benson at 330-486-2481 or ebenson@twinsburgcsd.org

EMERGENCY MEDICAL AUTHORIZATION

Student's Name _____ Home Phone _____

Address _____

Parents/Guardians _____

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for students who become ill injured while under school authority when the parents/guardians cannot be reached.

****This form MUST BE COMPLETED in full to participate in the Twinsburg Youth Cheerleading Clinic ****

TO GRANT CONSENT

In the event reasonable attempts to contact _____ (parent/guardian) at:

HOME _____ CELL _____ WORK _____

or reasonable attempts to contact _____ (other parent/guardian) at:

HOME _____ CELL _____ WORK _____

have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by Dr. _____
(preferred doctor) or another licensed physician or dentist, if preferred practitioner is not available.

2. The transfer of the student to _____ (preferred hospital) or any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist concur on the necessity for such surgery before the performance of such surgery. Facts concerning the child's medical history include allergies, medications being taken, and any physical impairment to which a physician should be alerted.

Parent/Guardian Signature _____ Date _____

Address _____

Twinsburg City School District
Athletic Department
10084 Ravenna Road
Twinsburg, Ohio 44087

AGREEMENT OF RISK

My child and I are aware that participating in the Twinsburg Youth Cheerleading Clinic is a potentially hazardous activity. I assume all risks associated with participation in this sport including, but not limited to, falls, contact with other participants, and other reasonable risk conditions associated with the sport. I waive all rights to financial assistance for medical and/or hospitalization expense incurred by my child while involved in any phase of athletic participation. I assume responsibility for payment of any and all expenses for treatment of such occurrences.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____