

# Edmonds Woodway High School

## Cheerleading

# “Pink Out” Clinic

**NO SCHOOL?!?!**  
Come spend the day with EW Cheer ☺

**When:** *FRIDAY*, October 24<sup>th</sup> 9:00am-3:00 pm (parent performance at 2:30pm)

Check-in begins at 8:50am

**Where:** Edmonds Woodway Gymnasium

7600 212<sup>th</sup> St. SW

Edmonds, WA 98026

**Who:** Current Kindergarten to 8<sup>th</sup> Grade

**Why:** Spend a day learning cheerleading skills and making friends

**Cost:** \$35 BEFORE October 17<sup>th</sup> OR \$40 AFTER October 17<sup>th</sup> and at the door

↘ \*Family rate: \$30 per child in family BEFORE October 17<sup>th</sup> OR \$40 AFTER October 17<sup>th</sup> and at the door

More than one child attending from the same family?  
Check out the Family Rate!

## Make Checks Payable to “ESD”

Each participant will receive a team photo, t-shirt, crafts, 6 hours of cheerleading FUN and admittance to the Varsity Football Game on Friday, October 24<sup>th</sup> 5:00pm

### **Participants Please Bring:**

Sack Lunch (snacks will be provided)

Water Bottle

Wear comfortable clothes and athletic shoes

*Parents may stay or drop in anytime*

*We will have a performance for parents at **2:30 pm** on Friday; bring your video cameras!*

**Questions? Contact Coach Brianne Sturm at:**

**sturmb@edmonds.wednet.edu OR 425.431.4290**

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*Thank you for helping to support Edmonds Woodway Cheer and all our sports programs!*

*Funds raised from our clinic help purchase sport treats, offset the cost of camp and uniforms and pay for competition fees.*



*We hope to see you there*

# Go Warriors!

## 2014 Junior Cheer "Pink Out" Clinic Registration

NAME \_\_\_\_\_

GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN PHONE NUMBER(S) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

*(please print legibly, this email will be used to confirm registration)*

### T-shirt size (circle one)

Youth: Small

Medium

Large

Adult: Small

Medium

Large

**Pay before October 17<sup>th</sup> \$35**  
**AFTER October 17<sup>th</sup> \$40**

### Today's Date

### Amount Enclosed (circle one)

\_\_\_\_\_

**\$35**

**\$40**

**\*\$30**

(write date above)

\*Family rate valid  
**BEFORE October 17<sup>th</sup> ONLY**  
 (more than one child attending)

\*Sibling name(s) also attending: \_\_\_\_\_

PLEASE MAIL or BRING REGISTRATION/RISK FORM WITH  
 CLINIC FEE TO ADDRESS BELOW

## Make Checks Payable to "ESD"

**Mail** –Send fee & form to:  
 EWHS Cheer  
 C/o Brienne Sturm  
 23225 89<sup>th</sup> Ave W  
 Edmonds, WA 98026



**In Person** – Turn in completed  
 form & fee to *Pam Daines* in the  
 Edmonds Woodway ASB Office

## Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2014 Edmonds-Woodway Junior Cheer Clinic, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that the sport of cheerleading entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being. \_\_\_\_\_  
 (Parent initial)
2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. \_\_\_\_\_  
 (Parent initial)

### Medical Information

The following special health concerns should be noted: \_\_\_\_\_

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

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

### Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed.

Name of Preferred Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that **the Edmonds School District requires but does not provide medical insurance for my child.** I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: \_\_\_\_\_

Plan Number (required): \_\_\_\_\_

**All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office, head coach, or school athletic trainer for information.**

Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give permission for

\_\_\_\_\_ who attends \_\_\_\_\_ to

(Student)

(School)

participate in the Edmonds-Woodway Junior Cheer Clinic, October 17, 2014 for the purpose of practicing fundamental cheer skills in order to enhance skill and performance level.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_