

Edmonds Woodway High School

Junior

Cheerleading Clinic

LOOK!
We have added an extra hour 😊

When: Saturday, December 7th 9:00am-2:00 pm (parent performance 2:00-2:30)

Check-in begins at 8:50am

Need to get some Holiday shopping done?
Take advantage of this GREAT 5 hour opportunity!

Where: Edmonds Woodway Gymnasium

7600 212th St. SW

Edmonds, WA 98026

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

Who: Current Kindergarten to 8th Grade

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

Cost: \$30 BEFORE November 22nd OR \$35 AFTER November 22nd and at the door

*Family rate: \$25 per child in family BEFORE November 22nd OR \$35 AFTER November 22nd and at the door

Make Checks Payable to "ESD"

Each participant will receive individual photo, craft and admittance to the Varsity Basketball Game Saturday, December 7th at 5:15pm

Please note that we will **NOT** order t-shirts for our one day clinic. Parent feedback from previous years indicated a desire to keep costs lower and run longer instead of getting a shirt. Join us in August for our camp where students receive both a t-shirt and poms!

Participants Please Bring:

Sack Lunch (a snack 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 2:00 pm; bring your video cameras!

Questions? Contact Coach Brienne Sturm at:

sturmb@edmonds.wednet.edu OR 425.431.4290

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

Funds raised from our clinic help us support our sport teams, offset the cost of camp and uniforms and pay for competition fees.



We hope to see you there!

Go Warriors!

The Edmonds School District does not sponsor or endorse this activity and/or information contained in this material

Winter 2013 Junior Cheer 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)

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Pay before November 22nd \$30
AFTER November 22nd \$35

<u>Today's Date</u>	<u>Amount Enclosed</u> (circle one)
_____	\$30 \$35 *\$25
(write date above)	<small>*Family rate valid BEFORE November 22nd ONLY <small>(per child if more than one attending)</small> </small>

*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 89th Ave W
 Edmonds, WA 98026



In Person – Turn in completed form & fee to *Pam Daines* in the Edmonds Woodway **ASB Office** (Please NOT the Main Office)

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2013 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, December 7, 2013 for the purpose of practicing fundamental cheer skills in order to enhance skill and performance level.

Parent/Guardian Signature _____ Date: _____