

South County High School Cheerleading presents

# SCHS CHEER CLINIC!

The South County Cheerleading Squad and Coaching Staff will host a clinic to all current students between the ages 6-12 who are interested in cheerleading!

**\*Meet the South County cheerleaders & coaches\***

**\*Learn South County cheers\***

**\*Practice cheerleading jumps\***

**\*Learn cheerleading motions\***

**\*Show off your tumbling skills\***

**\*Practice stunting skills\***

**When: August 14 from 12:00 – 3:00 pm**

**\*Doors open at 11:45am\***

**Where:** The clinic will be held in the auxiliary gym (the bubble) located between the school and football field

**Cost:** \$40 (Cash or checks made out to South County Athletic Booster Club-- Cheer)

**What to Wear and Bring:**

**\*Wear comfortable clothing and athletic shoes**

**\*Bring lots of water**

**\*Bring completed back of this flyer**

**How to Register:**

1. Email Head Coach Kyra Ganezer with cheerleaders first and last name, and current age to [krganezer@fcps.edu](mailto:krganezer@fcps.edu).

2. Complete page 2 of the flyer (Medical Consent, Emergency Contact information & Health Insurance Information) and bring with you the day of the clinic

Invite your friends!! We look forward to cheering with you soon!

For questions or concerns, please contact Coach Kyra Gaezer via email at [kganezer@fcps.edu](mailto:kganezer@fcps.edu).

## Medical Consent:

I hereby state that my child is in good, normal health and has my permission to participate in ALL activities. In addition, I authorize the South County Cheer Clinic Staff to act for my child in the event of injury or illness.

Registration requires a parent/legal guardian to sign below agreeing that, in case of an accident involving your child, you release the Camp, Sponsor, Counselors and Directors from any and all liability.

Name of Parent/Legal Guardian (Print): \_\_\_\_\_

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

## Emergency Contact Information:

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Additional Numbers in case of emergency: \_\_\_\_\_

## Health Insurance Information:

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

## Any Additional Information:

Allergies:

Previous Injuries we need to be aware of: