

VICI MINI CHEER CLINIC

\$35 per participant



Consent form and registration must be turned in by Wednesday, January 9th, 2019.

CLINIC DATES

Tuesday, January 15 3:15 PM - 4:45 PM

Wednesday, January 16 3:15 PM - 4:45 PM

Meet in the Elementary Lobby after school each day.

Practices will be held in the auditorium and/or gym lobby.



PERFORMANCE

Friday, January 18th, 2019

High School Basketball Games begin at 6:30 PM

Vici Mini Cheer Clinic is hosted by the Vici Cheerleaders. It is open to all students in PreK - 6th grade. Participants will learn a dance and chants that will be performed during a half-time on the date listed above. Each participant will receive a t-shirt to be worn at the performance. Participants must wear tennis shoes and black shorts (no denim please). For questions, contact Mrs. Nelson at 580-995-4251 Ext 105.

Return consent form below with payment.

Student name: _____ **Age:** _____ **Grade:** _____

T-Shirt Size: YS YM YL YXL S M L XL **Paid:** ___ cash ___ check

Please make checks payable to **Vici Cheer**

Acknowledgement of Risk and Waiver

I hereby consent to the above person participating in the Little Indian Cheer Clinic. I represent that I understand the nature of the clinic activities involved and certify the above named participant is qualified, in good health, and in proper physical condition to participate in the camp. Accept and assume all responsibility for losses, costs, and or damages I and/or my participant may incur as a result of participation of the above named camp. I release, indemnify and hold harmless any and all camp staff, Vici Public Schools, their administration, and other camp participants, from all liability, any losses, claims, demands, cost or damages that I and/or my participant may incur as a result of participation in this clinic. I further agree that if despite this release, I or anyone on my behalf, makes a claim against any of the releases, I will indemnify, save, and hold harmless each of the releases from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as a result of such claim. I have read this release, fully understand it and represent that I have signed it voluntarily.

Parent/Legal Guardian _____

Date _____ **Emergency Phone #** _____