**Westerville Central Warhawk Cheerleaders Present:**

**2018 Youth Cheerleading Clinic**





**Attention all Elementary School Girls and Boys!!**

**Learn cheers, chants and skills from Westerville Central HS Cheerleaders!!**

***Cheer alongside the***

***Warhawk Cheerleaders!***



All participants are invited to perform

the clinic material they learned at our

**WCHS Varsity Football Pregame**:

**Friday, September 14th**

\*All youth participants are admitted FREE for the pregame and game. Guests may purchase tickets in advance (at clinic) or pregame day for: $7 Adult or $5 Student

 The WCHS Cheerleaders will be hosting their

 **Fall Youth Cheer Clinic on:**

**Saturday, September 8, 2018**

**1pm to 4pm @ WCHS**





**Please list any allergies and/or medical conditions of the participant:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Injury and Insurance release statement:**

I, the undersigned, individually and as parent(s) or guardian(s) of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

a minor, ask that he/she be admitted to participate in this cheer clinic sponsored by the Westerville Central High School Cheerleaders, In consideration of such admission, I do hereby agree to release, discharge, and hold harmless the WCHS Cheerleaders, its officers, sponsors, employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor’s attendance of the cheerleading clinic or the course of activities held in connections with the clinic.

Signature of Parent/Guardian Date

**Reserve your spot for the Clinic today!**

Mail your completed registration form and **$35** to:

**Trish Looby**

**6715 Springview Dr.**

**Westerville, Ohio 43082**

**Checks made payable to: WCABC- Cheer**

Participant’s Name

School and Grade

T-shirt size: (specify Youth or Adult):\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

Parent/Guardian Name

Cell Phone

Email Address

Questions? Email Trish Looby at tlooby1@gmail.com for more information