JUNCTION CITY
HIGH SCHOOL
CHEERLEADING

“SPRING KIDS CLINIC 2015”

(Register Wednesday, June 10, 2015, 3:00PM)

(Keep this page for your records)

WHO: Pre-school to 8th grade Students

GRADE LEVEL SESSIONS:
Pre-school thru 3rd grade students—Learn jumps, cheers, dance
4th grade thru 8th grade students—Learn jumps, cheers, dance (PLUS STUNTS)

WHAT: Have fun with the JC Cheerleaders, play games, learn cheers, jumps, and a dance / Do a Family & Friends Performance

WHEN: Tuesday, June 16, 2015 (last day of school—early dismissal at 12:30pm for Laurel & Territorial/12 noon for Oaklea Middle)

TIME: 12:30-6:00pm (Families can arrive at 5:45pm to watch a performance)

ATTIRE: Wear athletic attire (PE/Athletic shoes and shorts). Bring a hairtie. Feel free to wear a past Cheer Clinic Shirt. Participant must be able to remove jewelry, especially if participating in stunts. (NOTE: No shirts or bows are provided for this Clinic.)

FAMILY PERFORMANCE: 5:45pm – 6:00pm

WHERE: JCHS Cafeteria

TRANSPORTATION PROVIDED
Transportation will be provided by First Student Bus from Laurel Elementary & Territorial Elementary at 12:30pm & arriving at JCHS at 12:45pm. Participants from Oaklea Middle School will be bussed to JCHS at 12noon.

COST OPTIONS: Please make checks payable to “JCHS Cheer”.

<table>
<thead>
<tr>
<th>OPTION #</th>
<th>OPTION DESCRIPTION</th>
<th>COST</th>
<th>COST INCLUDES</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>1st child</td>
<td>$15.00</td>
<td>2 poms, snack, water bottle, pizza dinner</td>
</tr>
<tr>
<td>#2</td>
<td>2nd child in family</td>
<td>$10.00</td>
<td>Same as above</td>
</tr>
<tr>
<td>#3</td>
<td>“Oaklea Cheer” Special Discount — If participated in Oaklea Cheer 2015</td>
<td>$10.00 ($5 off Original Price)</td>
<td>Same as above</td>
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**HOW TO REGISTER:** Fill out this form and include cash or a check (written out to “JCHS Cheer”) and drop it off at the Laurel Elementary Office, Oaklea Middle School Office, or JCHS Athletic Office.

**DEADLINE TO REGISTER FOR EVENT:** BY WEDNESDAY, JUNE 10, 2015, 3:00 PM.

**QUESTIONS:** Contact Coach Raquel at 541-760-6606 or email jchscheer@gmail.com or visit http://www.junctioncity.k12.or.us/jchs/SportsSchedules/Rosters/cheer.html for more info.

(Keep this page for your records)

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**JC CHEER: SPRING KIDS CLINIC 2015**

**“REGISTRATION FORM”**

(If signing up more than 1 child from your family, please fill out a separate form)

**DEADLINE TO REGISTER FOR EVENT:** BY WEDNESDAY, JUNE 10, 3:00 PM

| LAST NAME: ___________________________ | FIRSTNAME: ___________________________ | AGE: ______ | GRADE: ______ |
| SCHOOL: ___________________________ |  Laurel Elementary  | Territorial Elementary  | Oaklea Middle School  | OTHER |
| TEACHER'S NAME/TEAM TEACHER: ___________________________ |
| COST OPTION (choose from below): Option #: ______ | TOTAL COST: ______ |
| PARENT/GUARDIAN NAME: ___________________________ | EMAIL ADDRESS: ___________________________ |
| Child's Allergies/physical limitations/prior injuries that may affect activity: ___________________________ |
| INVITED BY THIS JCHS CHEERLEADER: ___________________________ |

**OFFICE USE ONLY:**

PAID: yes no TOTAL PAID: $____
Payment type: cash check #____

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Release of Liability
I understand by the very nature of the activity, cheerleading carries a risk of potential injury. No matter how careful the child and coach are, I understand that there is a risk of injury. The risk includes minor injuries such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falling on the back, head or neck. The undersigned agrees, individually and on behalf of the child, that the child, by and through the undersigned or any other person, will not institute or commence any action at law or equity for any damage of any kind that may be sustained by the child as a result of participation in the program. The undersigned further agrees, individually and on behalf of the child, to release, indemnify and hold harmless Junction City School District its successors, members, directors, officers, coaches, sponsors and volunteers from any claims, demands or actions at law or equity that may subsequently be brought by or on behalf of the child to recover for injuries or damages, including claims for contribution or indemnification made by third parties, arising out of injuries resulting from participation in the program.

The above child has my permission to participate in the Junction City High School Cheerleading Youth Kids Clinic 2015.

BUS TRANSPORTATION (CHECK ONE):

☐ YES, I also give permission for my child to be driven over from their designated school to Junction City High School by a School Bus provided by First Student Bus.

☐ NO, I will provide transportation for my own child and will bring him/her directly to the “Cheer Clinic” at the High School cafeteria.

X_________________________________________________ Signature of Parent or Legal Guardian

_________________________________________ Date