

## Westmont High School Cheer Clinic

The Westmont High School Cheer Squad would like to invite students in 5-8<sup>th</sup> grade to participate in a cheer clinic taught by the JV and Varsity cheer teams. Each participant will learn basic cheers, routines and introductory stunts that will be showcased during a half-time performance at a Westmont home game on October 28<sup>th</sup>.

When:

Sunday, October 23, 2016

Who:

Any 5<sup>th</sup>-8<sup>th</sup> grade student

Where:

Westmont High School Cafeteria

Time:

10:00-4:00

Cost:

\$45.00 (Checks made payable to Westmont High School)

Includes: T-shirt, hair ribbon, water, lunch, and performance during halftime on October 28 Westmont home game.

All proceeds will go to the Westmont cheer squad to help fund the purchase of new mats, uniforms and spirit props.

Please send checks and completed enrollment forms by October 7, 2016:

May drop off paperwork in the school office or send to:

Westmont High School

Attn: Debbie Boles: Cheer Coordinator

4805 Westmont Ave. Campbell, CA 95008

Contact: Debbie Boles at bolesfamilyl@comcast.net with any questions.

## ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY WESTMONT WARRIOR CHEERLEADING CLINIC PROGRAM ENROLLMENT

This is a release of liability and assumption of risk agreement. Please read it carefully and sign below. Completion of this release is a pre-requisite to your child's participation in the Westmont Cheerleading Clinic.

The Westmont Cheerleading Clinic is operated by the Westmont High School Cheer Program. I, the undersigned, understand and agree that the District or School shall not be liable or responsible for any claims or complaints arising from or related to my child's participation in the Westmont Cheerleading Clinic.

I, the undersigned, know and fully understand that any athletic/physical activities, including participation in the Westmont Cheerleading Clinic, involves numerous risks, dangers and hazards both known and unknown, where serious accidents can occur, participants can sustain physical injuries, and/or damage to their property. Regardless of whether the athletic/physical activity involves physical contact or not, all athletic/physical activities and sports have inherent risks of injury which are inseparable from the activity.

I acknowledge that the Westmont Cheer Clinic is designed to stress the heart, lungs, cardiovascular and circulatory systems, muscles, joints, ligaments, and tendons in an attempt to improve muscular strength and cardiovascular fitness. I acknowledge that I am aware that enrolled children should warm up prior to engaging in the Westmont Cheer Clinic and stretch upon completion of these activities. I acknowledge I have been advised to consult with the enrolled children's physician with respect to any past or present injury, illness, cardiovascular problem, knee problem, joint problem or any other condition or medication that may affect the enrolled children's participation and ability to participate in and to endure the exercise program.

In consideration for the Westmont Cheer Program and the Westmont Cheerleading Clinic, I hereby assume all risks associated with participation in the Westmont Cheerleading Clinic and voluntarily agree to release, waive, discharge and hold harmless the Westmont Cheer Program, the Westmont Cheerleading Clinic and their respective directors, officers, employees, agents, representatives, coaches and volunteers from and against any and all claims of liability, demands or losses of any kind or nature arising out of their negligence, or any other act or omission which causes my child illness, injury, and/or damages of any nature that are in any way connected with my child's participation in the Westmont Cheerleading Clinic. I also expressly agree to release and discharge the Westmont Cheer Program, Westmont Cheerleading Clinic, School and District from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

Participant's Name					En	Email address			
Address									
Home Phone					Ce	Cell Phone			
School	Grade				Allergies (if any)				
Name of Parent or Legal Guardian (please print)					Signature of Parent/Guardian				
T-shirt size (please circle):	xs	sm	med	lg	хl	AS	AM	AL	