

The RHS Cheerleaders and the Mustang Cheer Booster Club invite you to the

Fall Cheerleader Clinic



For: Students in Grades K-6
When: Saturday, September 19th
Where: Redmond High School Gym and/or Football field
Time: 9:00AM – 12:00PM
Cost: \$35.00 (includes a souvenir!)

Registration: *Checks payable to “Mustang Cheer Boosters” must be mailed to:
Vanessa Hair - 12025 200th Ct. NE, Woodinville, WA 98077*

Performance: **Students and RHS Cheerleaders will perform together at the REDMOND HIGH SCHOOL
Football game against Eastlake High School on Friday, September 25th at 7:00 PM.**

*SEE YOUR CHILD PERFORM AT HALF TIME!
Admission to the game is free for performers!
Adults & family members are \$6.00 at the door.*

Please contact Vanessa Hair at (425) 885-9144 if you have any questions.
Participants should wear P.E. attire for the Saturday clinic.

Each child should bring a water bottle and a healthy snack for the Saturday Clinic.

Lake Washington School District does not sponsor, endorse, or recommend any of the organizations, services, or activities described in these materials. In consideration for the privilege to distribute these materials, Lake Washington School District shall be held harmless from any causes of action filed in any court or administrative tribunal arising out of the distribution of these materials, including all costs, attorney's fees, judgments, or awards.

**Please fill out and return this form by Wednesday, September 16th, with a check for \$35.00 to:
Vanessa Hair ~ 12025 200th Ct. NE ~ Woodinville, WA 98077
Registration after September 16th can only be done by calling or e-mailing
Vanessa Hair at (425) 885-9144 or Protocam1@msn.com**

Please make checks payable to: Mustang Cheer Boosters

Student Name _____

Parent Name _____ Address _____ City _____

Phone _____ Grade _____ School _____

Additional Emergency Contact _____ Phone _____

Physician _____ Phone _____

As a parent or legal guardian, I authorize a trained medical person to examine the above named student, and in the event of injury, to administer emergency care. (Every effort will be made to contact parent prior to any involved treatment.) I accept full responsibility for the cost of treatment for an injury my child may suffer while participating in this program. I understand that despite proper training, there is still potential for accidental injury as a result of this activity. I release my child to participate in the clinic and performance and agree not to hold Lake Washington School District, its board, employees, Mustang Cheer Boosters and volunteers responsible for any accidental injury my child might incur as a result of this activity.

Signature of Parent or Guardian

Date

(PLEASE PRINT CLEARLY) Email Address _____
*Your email address will only be used to send registration confirmation or notice of upcoming Redmond Cheerleader Clinics /Camps
Please feel free to copy and give this flyer to a friend!*