



Cheer & Poms Clinic

When: Saturday, October 10th 9 a.m.-2 p.m.
Registration at 8:30 a.m.

Where: Castle View High School
5254 N. Meadows Drive
Castle Rock, CO 80109

Who: any child between the ages of 3 (potty trained) and 13-14 (8th grade)

Cost: \$45 per child (includes a clinic t-shirt to be worn at the game performance.)

—Participants will learn age & level appropriate cheers, stunts, tumbling, and routines which will be performed at a CVHS Varsity Football game—

Thursday, October 15th at 7 p.m.

Bring a sack lunch!



2009 Castle View High School Cheer and Dance/Pom Clinic Registration

Please Print. Do not include more than one participant per registration form; use blank form to make copies for additional participants.
Please mail or bring in registration forms and checks to the Athletic Office, or the Counseling Office.

Student's Name _____ Age _____

Parent/Guardian's Name _____

Address _____

Street _____ City _____ Zip code _____
Phone Number _____ Work Number _____

School student now attends _____ Grade (as of 2009-2010 School Yr.) _____

Emergency Information: If we cannot contact parents, call:

Name _____ Phone _____

Relationship _____

Family Doctor _____ Phone _____

I/we (print parents names) _____ in return for my child's opportunity to participate in the 2009 Castle View High School Cheer and Dance/Pom Clinic do hereby exempt and release the Douglas County School District, its directors, officers, employees, and agents from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain while my child is participating in the 2009 Castle View High School Cheer and Dance/Pom Clinic, whether or not such damage, loss or injury results from the negligence of Douglas County School District, its directors, officers, employees, volunteers or agents or any defective equipment. I/we understand that if I/we do not sign this release, then my child will not be permitted to participate in the 2009 Castle View High School Cheer and Dance/Pom Clinic. I/we hereby represent that I am/we are 18 years of age or older, and that I am/we are the parent(s)/guardian(s) of (insert child's name here) _____. I/we further acknowledge that no representation or promises by Douglas County School District representatives have been made in induce me to sign this release.

X _____
Signature of Student _____ Date _____

X _____
Signature of Parent or Guardian _____ Date _____

CAMP ACTIVITIES INSURANCE WAIVER

I fully understand the Douglas County School District Re. 1 does not provide health or life insurance coverage for the above named student while he/she is participating in camp activities. I/We further understand that it is my/our responsibility to provide adequate insurance coverage to the above named student.

X _____
Signature of Parent or Guardian _____ Date _____

| Camp # | Camp Title | Date/Time of Camp | Cost of Camp |
|---|------------|-------------------|--------------|
| October 10 th , 2009 9am-2pm | | | |

**Please make checks payable to Castle View High School. Your processed check will be your receipt.
All returned checks will be assessed a \$20.00 charge.**

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