

DEADLINE FOR PRE-REGISTRATION:

JULY 23

PRE-REGISTRATION COST:

€30.00 ONE DAY

€50.00 BOTH DAYS

(CAMP T-SHIRT INCLUDED)

DAY OF CLINIC REGISTRATION:

€40.00 ONE DAY

€60.00 BOTH DAYS



**Martin High School
4501 W. Pleasant Ridge
Arlington, TX. 76016**

**2009
MARTIN HIGH
SCHOOL
CHEER CLINIC**



**AUGUST 13 & 14
9:00a.m. - 12:00p.m.**

MARTIN HIGH SCHOOL

GYM C & D

**(enter at east side of school,
by tennis courts)**

**4501 W. PLEASANT RIDGE
ARLINGTON, TX 76016**

MARTIN HIGH SCHOOL CHEERLEADERS 2009 CHEER CLINIC

AUGUST 13TH & 14TH, 2009

9:00a.m. - 12:00p.m.

MARTIN HIGH SCHOOL

GYM C & D

4501 W. PLEASANT RIDGE

ARLINGTON, TX 76016

- Cheerleading skills by ACA National Champions
- Win a chance to cheer at a Martin Varsity Football game.
Raffle tickets \$10.00 each
(or \$100.00 tax deductible donation will secure your child a spot to cheer at game)
- Concessions
- Martin Cheerleading Apparel
- Parents invited to a "show-off" at 11:45 a.m. each day

VISIT OUR WEBSITE AT

WWW.AISD.NET/MARTIN

CLINIC OPEN TO

KINDERGARTEN-6TH GRADE

MAIL THIS APPLICATION WITH FEE TO:

AMY JACKSON

3601 PARKER TRAIL

DWG, TX 76016

MAKE CHECKS PAYABLE TO
MHS CHEER BOOSTER CLUB.

NO REFUNDS

*If you are registering a squad,
please have separate forms for each
participant.*

*Participants may also register at
the door the day of camp; however,
we cannot guarantee t-shirts.*

Questions contact:

Amy Jackson 817-832-7871

amy@jacksonconstruction.net

Linda McLaren 817-988-2386

mclaren5@sbcglobal.net

Martin High School Cheerleaders Cheer Clinic

Application and Medical Release

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Age: _____

School: _____

Grade Fall 09: _____ Shirt Size: _____

Dates attending, Aug. 13 _____ Aug. 14 _____

I understand that by taking part in this or any clinic/camp, there is a possibility of injury or sickness to my daughter/son; therefore, I give my permission for my daughter/son to participate in the Martin High School Cheerleading Clinic/Camp and do hereby grant permission to hospital staff members to administer immediate treatment to my child should she/he be injured.

I also agree to hold harmless Martin High School, its officers, staff, advisors, directors, or anyone associated with the Cheerleading Clinic/Camp for any injury incurred as a result of my daughter's/son's participation in this camp. The Martin High School Cheerleading Clinic/Camp strives to provide the maximum safety procedures and guidelines and therefore cannot assume responsibility for any accidents or injuries that may occur, or expenses incurred for the same.

Parent/Legal Guardian Signature

Emergency Contact: _____

Phone: _____

Insurance Company: _____

Allergies/Medication: _____

Family Doctor: _____

Phone: _____