



Martin High School
Cheerleaders

Deadline for Pre-Registration:
July 31, 2008

Pre-Registration Cost:
\$30 one day ★ \$50 both days
(Camp T-shirt Included)

Day of Clinic Registration
Cost:
\$40 one day ★ \$60 both days

Martin High School
4501 W Pleasant Ridge
Arlington, Texas 76016

2008
Cheer
Clinic

August 21 & 22
1:00 – 4:00 p.m.

St. Vincent De Paul Catholic Church
Activities Center
5819 W. Pleasant Ridge
Arlington, Texas 76016
(Corner of Pleasant Ridge
And W. Green Oaks Blvd.)

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★Cheerleading Skills by NCA/ACA
National Champions

★Win a chance to cheer at a
Martin Varsity Football game.
Raffle tickets \$10.00 each
(or \$100 tax deductible donation will
secure your child a spot to cheer at
the game)

★Concessions

★Martin Cheerleading Apparel

★Parents invited to a “show-off” at
3:45 p.m. each day

Kindergarten thru 6th Grade

**MAIL THIS APPLICATION
WITH FEE TO:**

**BARB WASZKEWITZ
2215 RACQUET CLUB CT
ARLINGTON, TEXAS 76017**

**MAKE CHECKS PAYABLE TO
MHS CHEERLEADER 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:

Barb Waszkewitz (817) 472-5437
Debbie Clipper (817) 466-3922

VISIT OUR WEBSITE AT
WWW.AISD.NET/MARTIN

**Martin High School Cheerleaders
Cheer Clinic
Application and Medical Release**

Name: _____
Address: _____
City: _____ Zip: _____
Phone: _____ Age: _____
School _____
Grade Fall 08: _____ Shirt Size: _____
Dates attending, Aug. 21 ____ Aug. 22 _____

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/Medications _____
Family Doctor _____
Phone: _____