

**DEADLINE FOR PRE-REGISTRATION:**

**IS MAY 2nd**

**Please sign-up ASAP to guarantee  
shirt at clinic**

**PRE-REGISTRATION COST:**

**\$30.00 ONE SESSION**

**\$50.00 BOTH SESSIONS**

**(CAMP T-SHIRT INCLUDED)**

**OPTIONAL LUNCH \$5 (cheese pizza)**

**DAY OF CLINIC REGISTRATION:**

**\$40.00 ONE SESSION**

**\$60.00 BOTH SESSIONS**



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

**2011**

**MARTIN HIGH  
SCHOOL  
CHEER CLINIC**



**Saturday, MAY 14  
9:00a.m. - 4:00p.m.**

**AM clinic 9:00-noon / PM clinic 1:00-4:00**

**Attend AM or PM clinic or BOTH  
with optional lunch for your child**

**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 2011 CHEER CLINIC

AM clinic 9:00 a.m. -noon

PM clinic 1:00-4:00 p.m.

Attend AM or PM clinic or BOTH

sessions with optional lunch for your  
child \$5.00 (cheese pizza)

MARTIN HIGH SCHOOL

GYM C & D

4501 W. PLEASANT RIDGE

ARLINGTON, TX 76016

- Cheerleading skills by NCA & ACA  
National Champions

- Win a chance to cheer at a Martin  
Varsity Football game.

Raffle tickets \$10.00 each

(or \$100.00 tax deductible donation will  
secure your child a spot to cheer at game)

- Concessions
- Martin Cheerleading Apparel
- Parents invited to a "show-off" at  
3:45 p.m.

VISIT OUR WEBSITE AT

WWW.AISD.NET/MARTIN

CLINIC OPEN TO

KINDERGARTEN-6TH GRADE

MAIL THIS APPLICATION WITH FEE TO:

KARI JORDAN

5503 MOOREWOOD

ARLINGTON, TX 76017

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:

Kari Jordan 817-829-6610

kari.jordan@tx.rr.com

Martin High School Cheerleaders Cheer Clinic

Application and Medical Release

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_

Grade Fall '11: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

May 14th: AM \_\_\_\_\_ PM \_\_\_\_\_ LUNCH \_\_\_\_\_

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 per-  
mission to hospital staff members to administer im-  
mediate treatment to my child should she/he be in-  
jured.

I also agree to hold harmless Martin High School, its  
officers, staff, advisors, directors, or anyone associ-  
ated with the Cheerleading Clinic/Camp for any in-  
jury incurred as a result of my daughter's/son's par-  
ticipation in this camp. The Martin High School  
Cheerleading Clinic/Camp strives to provide the  
maximum safety procedures and guidelines and there-  
fore 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 \_\_\_\_\_