

# CHEERLEADING CLINIC

for grades K-12

SATURDAY  
MAY 5, 2018  
9:00AM – 12:30pm

EL CAMINO REAL CHARTER HIGH SCHOOL GYM

COME AND PARTICIPATE IN ECR'S 21<sup>TH</sup> ANNUAL CHEER CLINIC

Beginning, Intermediate and Advanced Groups

Register and pay \$25 at the door

**\*Registration begins at 8:00am – cash or check only**

LEARN STUNTS, CHEERS, JUMPS, MOTIONS, SPIRIT and DANCES

\*\*\*\*\*Performance for parents at 12:00pm sharp\*\*\*\*\*

Registration forms available online @ [ecrchs.net](http://ecrchs.net) and Hale Charter Academy

For more information: email Cheer Advisor Beth Corbett  
[B.Corbett@ecrchs.net](mailto:B.Corbett@ecrchs.net), or call (818) 595-7500 and leave message with secretary

All proceeds are used to support ECR Cheerleaders

\*\*\*\*\***important information on back - registration form**\*\*\*\*\*

The ECR Cheerleading Clinic will be held Saturday May 5, 2018 from 9am-12:30pm in the school gym at El Camino Real Charter High School at 5440 Valley Circle Boulevard, Woodland Hills, 91367.

Your child will learn different cheerleading skills such as dances, cheers, jumps, and beginning stunts.

The event is for students grades K-12. All students in the Valley are welcome and no experience is needed to participate. Snacks and water are \$1.00. You are welcome to pack snacks or purchase additional snacks/drinks for your child.

For safety reasons jewelry cannot be worn. Have your child dress comfortably, according to weather – shorts, tights, t-shirts, sweatshirt – in case of cold weather. Sneakers, cheer shoes, or tennis shoes are needed. No bare feet, socks or shoes on the gym floor. Hair should be in a ponytail if possible.

Registration begins at 8:00am. Spots are not guaranteed. Please arrive on time. Checks payable to ECR Student Body.

---

Registration, Medical, and Liability Release Form

Participant's Name and Age:

Address:

City/Zip:

School:

Grade:

As the parent and/or legal guardian of \_\_\_\_\_ hereinafter referred to as "participant" I allow his/her participation in the cheer clinic administered by ECR Cheer. I understand participant may sustain serious catastrophic physical injury, illness, and/or death by participation in clinic and further assume risk of such injury, illness and/or death and agree to medical treatment necessary. I further agree to hold harmless and indemnify ECR Cheer including without limitation all staff personnel, all administrators, for any injury, illness and/or death. I further release ECR Cheer from any medical costs and/or legal costs, which may arise due to any injury, illness and/or death sustained.

In order that participant may receive the necessary medical treatment in the event of an injury or illness, I hereby agree to any such medical treatment and hold ECR Cheer and its representatives harmless in the exercise of this authority.

Parent's name and date :(print)

Parent/guardian signature:

Emergency contact – name and phone number:

Health Insurance Company and Doctor's Name:

