

2012 Sparkman High School Cheerleading Clinic

Come cheer with the 11 time UCA National Champion cheer team

And

Perform pre-game activities at the September 14th football game

Date: Saturday, September 8th

Time: 9:00-12:00 (Lunch will be provided. Concessions will be

sold for extra snacks)

Place: Sparkman High School Gymnasium

Ages: K-8th grade/ Boys and Girls

Cost: \$25- Advanced Registration, \$30 Day of Clinic

(free t-shirt for advanced registration)

Check should be made out to: Sparkman High School (it <u>must</u> have an address, and phone number on it)



c/o: Lisa Aderholt 2616 Jeff Road Harvest, AL 35749

For more information call Lisa Aderholt @ 837-0331 ext. 166 or e-mail laderholt@madison.k12.al.us

Mailed forms or forms dropped off at SHS must be received by August 30th

(Detach and return with payment)

Sparkman Cheerleading Clinic

Child's Name:_	
Address:	
Phone#:	Emerg. #
School:	
	T-Shirt Size: (circle one) YS YM YL AS AM AL
Amount Enclose	
Waiver: I, the unders	signed parent or guardian, do hereby grant permission for my son/daughter to participate
	h School Cheer Clinic. I further acknowledge and understand and agree that in taking part
	a possibility of physical illness or injury (minimal, serious, or catastrophic) and that
	ng the risk of such illness or injury by participating. I further agree to hold harmless the Madison
	cation, Sparkman High School and its employees which conduct the clinic for any claims of damage,
,	s whatsoever, including the attorney fees in and manner arising out of the participant's participation
in the clinic.	The state of the s
Parent/Guardia	n Signature:
Date:	