



## ANGELS CHEER CLINIC

Come dance and cheer at the *Angels Cheer Clinic* on  
Saturday, October 1, from 9:00 a.m. – 1:00 p.m. in the Gym!  
All St. Anthony of Padua Kindergarten through 5<sup>th</sup> graders are welcome to attend!

- Participants will learn two cheers, a chant and a dance to perform with the Angels at the school Pep Rally, October 4<sup>th</sup> and perform at the Homecoming game on Oct. 5th.
- Participants will receive a STAOPCS Homecoming T-shirt and a bow.
- For the clinic, participants need to wear school-appropriate athletic shorts or dance leggings, t-shirt and gym shoes.
- Bring a disposable sack lunch and a water.
- At the Homecoming Pep Rally, participants will need to wear school-appropriate athletic shorts (navy), their homecoming t-shirt, gym shoes and cheer bow.
- At the Homecoming Game, participants will need to wear school-appropriate athletic shorts (navy), their homecoming t-shirt, gym shoes and cheer bow.
- Fee is \$50 if you register by Friday, Sept. 10; After Sept. 10 a \$10 fee will be added for a total cost of \$60.  
No registrations accepted after Sept. 16.

Please fill out the participation information and the release form below and turn it in to the front office. You will be billed through your family FACTS account (*do not send in money*). If you have any questions, feel free to reach out. We hope to see you there!

Blessings,  
Heather Koett  
Assistant Athletic Coordinator/ Angels Cheer Sponsor  
[hkoett@ap.school](mailto:hkoett@ap.school) 281-296-0300, ext. 182

# Cheer Clinic Registration Form 2022

Name of camper: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

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

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Choose your shirt size     YS     YM     YL     YXL     AS     AM     AL

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## WAIVER OF LIABILITY

I, \_\_\_\_\_, agree that my child, \_\_\_\_\_ may participate in the St. Anthony of Padua Cheer Camp. In consideration of participation in this event, I agree, on behalf of the above-named child, to fully and forever release, discharge, indemnify, and hold harmless the Archdiocese of Galveston-Houston, Daniel Cardinal DiNardo, St. Anthony of Padua Catholic Church, St. Anthony of Padua Catholic School, its agents, servants and employees from and against any and all losses, costs and expenses including, but not limited to attorney's fees, damages and expenses and liability (including statutory liability and liability under worker's compensation laws) in connection with claims for damage as result of injury, disability or death of any person or damages to property, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in the referenced event. I hereby authorize in advance any medical treatment required by the above-named child participating in this camp. I also acknowledge that I have/will notify the camp director Mrs. Tracy Rinando of any special medical needs or information required by the above named child.

List any physical conditions or ailments \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_