



ANGELS CHEER CLINIC

Come dance and cheer at the *Angels Cheer Clinic* on **September 28th, from 9:00 a.m. – 1:00 p.m.** in the Gym! All St. Anthony of Padua Kindergarten through 5th 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 the Homecoming game on Oct. 3rd.
- Participants will receive a STAOPCS Homecoming T-shirt and a matching bow.
- For the clinic, participants need to wear school-appropriate athletic shorts or dance leggings, t-shirt and gym shoes.
- Bring a sack lunch and a water.
- At the Homecoming Game, participants will need to wear school-appropriate athletic shorts, their t-shirt, gym shoes and the matching bow.
- **Fee is \$35 if you register by Friday, Sept. 13; After Sept. 13 fee is \$40.**

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*). Call me if you have any questions. We hope to see you there!

Blessings,
Sylvia Gonzalez, SGonzalez@staopcs.org, Remind -@92d3hg3

Name: _____ 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

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 Ms. Sylvia Gonzalez of any special medical needs or information required by the above named child.

List any physical conditions or ailments _____

Parent signature _____ Date _____