



St. Michael CHEER CLINIC

WHEN: SATURDAY, NOVEMBER 2ND IN THE GYM

REGISTRATION/CHECK-IN BEGINS AT 8:45 A.M.

CLINIC 9 A.M.-NOON - SHOWCASE BEGINS AT NOON

AGES: PRE-K TO 8TH GRADE

COST: \$40

ONLINE: <https://www.smhsbr.org/athletics/cheerleading/> (cheer clinic)

-OR- MAIL TO: ST. MICHAEL THE ARCHANGEL HIGH SCHOOL

ATTENTION: CHEER

17521 MONITOR AVE.

BATON ROUGE, LA 70817

-OR- REGISTRATION WILL BE ACCEPTED ON THE DAY OF THE EVENT.

COST INCLUDES GAMES, SNACKS, T-SHIRT*, CHEER, CHANTS, AND DANCE.

***ONLY REGISTRATIONS RECEIVED BY OCTOBER 21ST WILL BE GUARANTEED A SHIRT.**

ATTIRE: T-SHIRT, SHORTS, AND TENNIS SHOES.

QUESTIONS? PLEASE EMAIL: ETOCCO@SMHSBR.ORG

NAME: _____ GRADE: _____

PARENT NAME: _____ CELL: _____

T-SHIRT SIZE: YS YM YL AS AM

PARENTAL/GUARDIAN CONSENT:

I, _____, grant permission for my child _____ to participate in the St. Michael Cheer Clinic. The cheer clinic will take place under the guidance and direction of employees and/or volunteers from St. Michael High School. As the parent and/or legal guardian, I remain legally responsible for any actions taken by the above-named participant. I agree on behalf of myself or my child named herein to hold harmless and defend St. Michael High School, its officers, directors, employees, and the Diocese of Baton Rouge, its employees or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the Diocese of Baton Rouge, its employees and agents and/or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the school/Diocese of Baton Rouge. Furthermore, St. Michael High School reserves the right to photograph its clinic participants to reproduce such images to promote, publicize, or explain the clinic and its activities.

Signature: _____ Date: _____

Please make check payable to St. Michael High School

All participants must turn in a signed consent form prior to participation.