

# Cougar Kids Cheer Clinic



## Grades 1st – 5th

Come perform with the Campolindo HS Cheerleaders at a home football game!  
 Learn new stunts, cheers and dance at the two-day clinic.  
 Perform with the Campo cheerleaders during the Friday night home game.

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**Dates:** Monday, Oct 3rd/Wednesday, Oct 5th/Friday, Oct 7th

**Times:** 4:00 – 6:00 PM (Mon & Wed)  
 6:30 PM (Friday – Football Game)

**Cost:** \$70 Participation fee  
 \$20 Sweatshirt (recommended)

**Location:** Campolindo High School, Multi-Use Room

**Details:** Bring water and a small labeled snack  
 Wear athletic attire including shoes  
 Sweatshirt and black leggings/yoga pants for game

	XS	S	M	L	XL
<b>SIZE</b>	2-4	4-6	10-12	14-16	18-20
<b>CHEST</b>	30-32	32-34	34-36	36-38	38-40

**Checks payable to:**  
 Campolindo High School  
*Due by September 26th*

**Mail registration form to:**  
 Rebecca Lowe  
 7 Oak Drive  
 Orinda, CA 94563

**Questions:**  
 Rebecca Lowe  
 925-212-1065  
 rebecca.lowe@me.com

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Athlete Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sweatshirt Size \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Insurance: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group No.: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

My child, \_\_\_\_\_, has my permission to participate in the Cheer Clinic. Should it be necessary for my child to have medical treatment while participating in the athletic event and if the camp is unable to contact me, I hereby authorize Camp personnel to use their judgment in obtaining medical services for my child. I understand that my child must have medical insurance that provides at least \$1500.00 accidental injury coverage.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This is not a Moraga School District endorsed clinic*