

Waverly 2023 Jr. Cheer Clinic

For all Students grades PreK-5
Jr. Cheerleaders will be taught cheers, jumps and stunts, a short dance
and introductory techniques of cheerleading.

Clinic: Saturday, September 9th 9:00 a.m. – 12:00 p.m. @ WHS Viking Stadium

*participants should wear tennis shoes, t-shirt, and shorts for clinic

Cost: \$40 (t-shirt, bow and snacks included)

*Sign-up WILL be permitted the morning of the clinic, the fee will be \$45 to accommodate rush t-shirt ordering

Where: Waverly High School Viking Stadium

Performance: Friday, September 15th 6:25 p.m. – H.S. Varsity Football Game @ Viking Stadium

*Jr. Cheerleaders will receive their t-shirt before the performance at the football game. They should wear their t-shirt with black shorts/pants, and tennis shoes for the game performance. Bows will be handed out Saturday at cheer clinic. Cheerleaders should come with hair ready to go for performance. We will have a brief "beauty break" at about 6pm for touchups. Parents are welcome to stop and help their cheerleader. After the performance, parents must pick up their cheerleaders on the south side of Viking Stadium in the grassy area.

Return the bottom of this sheet and payment to your school office or mail to Jamie Lanik at: Waverly High School, 13401 Amberly Rd, Waverly, NE 68462. **Registrations must be returned by Thursday, September 7th to avoid \$5 rush charge.**

Print name of participant: _____ Grade: _____

Parent Name: _____ Emergency #: _____ Cell #: _____

Address: _____ City, Zip _____

Parent email: _____

Emergency Contact: _____ Cell #: _____

T-shirt size (circle one): Youth S M L Adult S M L

PARENT/GUARDIAN PARTICIPATION PERMISSION AND WAIVER

I _____ am giving permission for my son/daughter to attend the WHS CHEER Team Jr. Cheer Clinic (September 9, 2023). I understand that neither the WHS CHEER Team, Jamie Lanik, nor Waverly Public Schools are responsible for lost or stolen items. I, hereby, release the WHS CHEER Team and its associates from any and all claims of damage or theft of any personal property used or left on the premises. I, hereby, release the WHS CHEER Team and its associates from any and all claims of illness, injury, or death as a result of participation in this event. I understand and agree that any and all photographs or video footage of my child obtained during this event may be used in publications related to the WHS CHEER Team without further notice or compensation.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Please list any medical conditions or allergies the clinic staff should be aware of while your child is at the clinic.

Registrations Due by Thursday, September 7th

(Please feel free to make copies of this registration for friends or neighbors or contact Jamie Lanik for additional registration forms: jamie.lanik@district145.org)