

# SFS K-6 Youth Cheer Clinic

## What?

*Interested grade school (K-6th) students will learn basic cheerleading skills; motions, jumps, cheers, and a dance to be performed during halftime of the St Francis vs Fremont Ross basketball game.*

## When & Where?

*The clinic will take place in the auxiliary gym at SFS on Thursday, December 16<sup>th</sup> from 6:15pm – 8:15pm. Registration will begin at 5:30pm in the SFS West Lobby.*

*The game will be at St Francis on Friday, December 17<sup>th</sup> at 7:30pm; the girls will cheer during the first quarter as well as perform a dance during halftime. Cheerleaders should arrive at SFS by 7:00pm.*

## Cost?

*Registration fee is \$30 and includes the cheer instruction, entrance to game (student + 1 adult ticket), and a clinic t-shirt (shirt grants the student access to the game). Extra tickets may be purchased online at [sfsathletic.org](http://sfsathletic.org) - \$8 (kids 5 and under are free).*

*Interested students should contact SFS Cheerleading Coach Sarah Pelfrey for more information at [SPelfrey@SFSKnights.org](mailto:SPelfrey@SFSKnights.org)*

**Registration forms are due 12/3/2021**

**\*\*\*Please submit cash or check to St. Francis de Sales School or bring on the day of the clinic. \*\*\*  
\*\*\*Can pay via credit card by calling the school at 419-513-1618 or stopping in the main office. \*\*\***

# SFS K-6 Youth Cheer Clinic

CLINIC: THURSDAY, DECEMBER 16, 6:15-8:15PM IN SFS AUX GYM

GAME: FRIDAY, DECEMBER 17TH, 7:30PM VS FREMONT ROSS @ ST. FRANCIS

**Registration due December 3, 2021**

Please turn in registration to St. Francis or via email to [SPelfrey@SFSKnights.org](mailto:SPelfrey@SFSKnights.org)

**\*\*\*No late registration\*\*\***

Participant's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Participant's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Shirt Size: [CIRCLE ONE] YOUTH ADULT & [CIRCLE ONE] XS S M L XL

St. Francis de Sales School Release from Liability and Indemnification Agreement

St. Francis de Sales School (thereafter known as "SFS"), 2323 W. Bancroft St., Toledo, OH 43607

*Please read carefully before signing*

Participant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Scope of Agreement: This agreement shall be legally binding upon me, the participant, and the parents and/or legal guardians thereof in a minor, my heirs, estate, assigns, including all minor children and personal representatives and it shall be interpreted according to the laws of the State of Ohio. Any dispute by the Participant shall be litigated in and venue shall be the County of Lucas, Ohio.

Inherent Risks of Cheerleading Activities: I understand and acknowledge that there are risks associated with cheerleading activities. Such injuries include, but are not limited to, falls, broken bones, paralysis, and even death. Further, the Participant understands and acknowledges that SFS is not liable for any injury to or death of a Participant or loss to the person or property of Participant.

Participant Responsibility: I understand that the Participant's safety greatly depends on proper execution of techniques while following standard safety precautions.

Participant Medical Insurance: I agree that should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for any and all resulting expenses.

Name of Parent/Guardian [PLEASE PRINT]:  
\_\_\_\_\_

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

# SFS K-6 Youth Cheer Clinic

## Consent to Treatment Form

Participant's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Street City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

### Parent/Guardian Permission and Authorization for Treatment

I hereby give my consent for the above-listed individual to participate in the St. Francis de Sales School Cheerleading Clinic. If I cannot be reached in the event of an emergency, I authorize the school to obtain, through a physician or hospital of my choice, such medical care as is reasonably necessary for the welfare of the student, if she/he is injured in the course of participating in these activities.

Name of Parent/Guardian [PLEASE PRINT]:  
\_\_\_\_\_

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

Parent/Guardian Phone Number #1: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_

EMERGENCY CONTACT #1 (In the event that the above listed guardian cannot be reached)

Full Name: \_\_\_\_\_ Relationship to the Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

EMERGENCY CONTACT #2 (In the event that the above listed emergency contact #1 cannot be reached)

Full Name: \_\_\_\_\_ Relationship to the Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# SFS K-6 Youth Cheer Clinic

## ADDITIONAL MEDICAL INFORMATION

Hospital of Choice:

---

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician's Name, Address, & Phone Number:

---

---

Allergies or Medical Information that clinic staff and/or medical staff should be aware of:

---

---

---

---

---

# SFS K-6 Youth Cheer Clinic

## St. Francis de Sales School Website and Publication Waiver

St. Francis de Sales School uses photographs taken throughout the school year for its website, marketing material, and print communication. If you do not wish to have your child's picture or name published on any of the material, please indicate by marking the appropriate items.

I consent to my child's photo and/or name being used for these purposes

Parent/Guardian's Full Name [PLEASE PRINT]:

\_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please do NOT publish my child's: \_\_\_\_\_ Image \_\_\_\_\_ Name

Parent/Guardian's Full Name [PLEASE PRINT]:

\_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SFS K-6 Youth Cheer  
Clinic