Cinco Ranch High School Cheerleader Clinic

Mrs. Loren Williamson, Varsity coach & Ms. Kelly Buffa. JV coach



Who is it for:	Any student interested in cheerleading in gr	ades K-5th.	Cougar Cheer					
Purpose:	The purpose of this clinic is to teach students about cheerleading technique and exhibiting school and team spirit. Students will learn chants, cheers, jumps, and practice spiriting.							
When:	Saturday, October 6 th from 8:30am-12:00pm. Parents arrive at gym at 12:00pm for a "show off" and bring your cameras for pictures.							
Where:	Cinco Ranch High School – Competition Gym							
Registration Fee:	\$35 prior to September 19th. (If mailing, must Be Postmarked by September 13th to guarantee a shirt)							
Registration:	Please pre-register (T-shirt included) by completing the bottom portion of this form and submitting it with your cash or check! Please make checks payable to Cinco Ranch High School Cheer							
Mail registration forms to:	Cinco Ranch HS Cheer Clinic Attn: Loren Williamson 23440 Cinco Ranch Blvd. Katy, TX 77494	Drop-Off registration forms:	Attn: Loren Williamson					
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Late Registration Fee:	\$40 the day of the event. (<u>T-shirt not included</u>)							
Refund Policy:	There are no refunds for this event.							
Instruction:	Students will be divided by school grade and will learn age appropriate routines from the CRHS cheerleaders.							
What to Wear:	Shorts, shirts, and <u>tennis shoes</u> . Please have hair secured in a ponytail. Upon arrival, girls can change into their clinic t-shirt if they wish.							
Show-Off Performance:	All participants (pre-registered and late registered) will have the opportunity to perform at halftime of the JV Football Game vs. Taylor on Thursday October 11th at 6:30pm! Participants will wear their clinic t-shirt or a CRHS maroon t-shirt to the game. Participants will have free admission to the game with shirt, but parents will need to purchase a ticket.							
Refreshments:	A snack (ex: animal crackers, goldfish, etc.) WATER for your child. We encourage all pa	, , , ,						

If you have any questions, contact Loren Williamson lorenswilliamson@katyisd.org or Kelly Buffa kellyabuffa@katyisd.org

Name	Grade	School:	T-Shirt Size:	YS	ΥM	YL	AS	AM
Mailing Address		Ci	у	Z	Zip			
In case of emergency, call			Phone					
Payment: Cash \$	_ Check # _		Check Amt. \$					
(Please note parent's phone #, TX	DL #, and address on the	e check. Please put the pa	rticipant's name in the me	emo line) .)			
I give my child,		, permission	to participate in the CRH	S Cheer	leade	er Clin	ic. Ire	elease
(F	articipant's name)							
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hold harmless KISD and its employ	ees and CRHS cheerlea	ders from any responsibility	for any injuries that migl	ht occur				
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hold harmless KISD and its employ CHECK HERE:	ate in the game performa	ance on Thursday October	11 th (more info will be giv			iic)		
hold harmless KISD and its employ CHECK HERE: Yes, my child will particip	ate in the game performa		11 th (more info will be giv			ic)		

Email Address: _