



BEAUFORT HIGH SCHOOL CHEER CLINIC SIGN UP TODAY!

Basketball Cheer Clinic

Learn cheers, chants, jumps and a dance from the Beaufort High Cheerleaders!! Participants are invited to perform during half-time of Beaufort High School Boys Varsity Basketball Game.

Who: Students in Pre-K through 8th grade.
When: Saturday, January 28th, 2017 9:00 AM to 12:00 AM
Where: Beaufort High School Gymnasium, Lady's Island
Performance is **Friday February 3rd, 2017**, during half-time of the Boys Varsity Basketball Game at the BHS Gym.

Cost is \$35 for pre-registration and \$40 walk-in. (Additional Siblings - \$30.00 each) Fee includes: Instruction, Cheer Clinic T-shirt, Group photo, and Refreshments.

Check-in starts at 8:30 AM

Walk-in Registration is welcome; however, space is limited.

Pre-registration is highly recommended.

Pre-registration forms with payment **must be received by Monday, Jan. 26th, 2017.** Forms received after this date will be considered walk-in registration. Forms may be turned in to a BHS cheerleader or mailed to Denise Boswell, 27 Cedar Crest Circle, Beaufort, SC 29907. You may also drop it at the BHS office in c/o Coach Hillary Savarese. Checks should be payable to "Big Green Booster Club" with "Cheer Clinic" in the memo. Any questions? Please contact Denise Boswell at dmboswell@centurylink.net or 843-263-0684.

Beads, pompoms, hair ribbons, etc will be for sale during the clinic.

Individual Photo buttons are made upon request and are \$5 each.

Participant's Name: _____
School: _____ Grade _____
Parent/Guardian Name: _____
E-mail: _____ Cell Phone: _____

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

Emergency Contact Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Hospital Preference: _____

Any medical difficulties/limitations/allergies that we should be aware of:

Clinic Fee \$ 35.00

Photo buttons: how many _____ X \$5.00 = \$ _____

Total amount paid: \$ _____ Payment type: (circle one) CASH or CHECK # _____

Registration form with payment must be received by Monday, JAN 23RD, 2017 to be considered pre-registered.

**I acknowledge the above person is a willing participant in the Cheer Clinic presented by Beaufort High Cheerleaders. I release Beaufort High School, Beaufort High Cheerleaders, and Beaufort High Booster Club and Parent Cheer Clinic Volunteers from liability and understand that I or my personal medical plan will be responsible for any injury incurred during participation in this clinic and/or on performance night.

Signature:

Relationship to Participant: