



ECHS MINI CHEER CLINIC

**Sept. 30th 4:30-6
(Gym)**

Oct. 2nd 4:30-6 (Gym)

**Oct. 4th 7:30PM
Varsity Game
(Football Field)**

Join ECHS Cheer Team for (3) fun
filled days of clinic and experience
your chance to cheer on you
Varsity football team!

Clinic Fee \$35.00

Free Cheer Shirt!

***Don't forget to
bring water and a
snack!***



***To Sign Up, Please complete the
registration/medical release form
and submit it to:***

ECHS Cheer

April McFarland-Asst.

Coach/Coordinator

1 Trojan Place, Suite A

St Leon, In 47012

Phone- 812-576-4811 X 11932

Fax-812-576-3029

DEADLINE 09/12/2019



Mini Cheer Clinic Registration Form : Football Clinic

Location: 1 Trojan Place Suite A St Leon, IN 47012

REGISTRATION DEADLINE – Sept. 12th Limited Space Available. Spaces will be filled on a first come, first served basis.

Name of Child: _____ Age: _____

Grade: _____ School: _____

Parent's Name: _____

Phone Number: (home) _____

(cell) _____

Email Address (Please write legibly) _____

Address _____

T-Shirt Size YS YM YL _____ Adult S M L

Emergency Contact Information Name: _____

Relationship _____

Preferred Phone Number: (home/cell) _____

\$35.00 – Payment type (Please Circle) cash check (Made payable to ECHS)

I agree to allow my child to participate in the ECHS Cheer Clinic. To my knowledge there are no serious health concerns that would affect my child's participation. I also understand that my child will be taught basic cheerleading motions and will be under adult supervision at all times. In the event of injury, I agree not to hold East Central High School, any member of ECHS cheer, Cheer Coaches, Staff of ECHS liable.

_____ Signature Print Name

_____ Parent/Guardian

Registrations will not be confirmed without payment. Please return to: ECHS Cheer Clinic, Attn: April McFarland, 1 Trojan Place Suite A St Leon, In 47012