

CHEERLEADING CLINIC

September 4, 2009

For First through Eighth Grade Students



Time: 4:30—8:30 pm

Place: West Campus Gym

Fee: \$45.00 for pre-registered students

\$50 for at-the-door registration

(includes LFHS Cheer T-shirt, bows, poms and dinner)

Last day to pre-register: August 28

Come learn a top-notch cheer/dance routine
complete with simple stunts from
**LAKE FOREST HIGH SCHOOL AWARD-WINNING
CHEERLEADING SQUAD**

Then perform your routine at the
FIRST '09 HOME BOYS' VARSITY FOOTBALL GAME
Lake Forest v. Bradford High School

Attire: white sneakers and blue shorts

Schedule:	Registration	4:30 pm
	Learn Routine/Eat Dinner	4:45—7:00 pm
	Get Ready	7:00 pm
	Game Starts	7:30 pm
	Approximate Performance Time	8:00—8:30 pm (half time)

Registration - Go to cheerleading home page at
<http://lfhs.org/athletics/girls/cheerleading/index.html>
or contact Char Ash at cash@lfschools.net for more information.

(In case of inclement weather, there will **not** be a performance at half time.)

**Register today by filling in the attached registration form and waiver
and return to Char Ash.**

LAKE FOREST HIGH SCHOOL CHEERLEADING CLINIC

Mail to: Lake Forest High School
Athletic Department
Attn: Ms Char Ash
1285 N McKinley Road
Lake Forest IL 60045

\$45 for pre-registered participants
\$50 for at-the-door registration

Checks ONLY made payable to LFHS Fee _____

Program Date(s): Friday, September 4, 2009

Participant's Name _____

Program Level (please circle one)

1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade

Participant's Name _____

Program Level (please circle one)

1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade

Address _____

City, State, Zip _____

Phone (daytime & evening) _____ Cell Phone: _____

In case of emergency Name & Phone # _____ E-mail address _____

Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by registering for and participating in this program(s) or by registering your minor child/ward for participation in this program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program(s) and you will be required to indemnify, hold harmless, and defend the Lake Forest High School for any claims arising out of participation in said program(s).

Risk of Injury

"As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program."

Waiver of Injury Claims

"I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program."

Release from Liability

"I do hereby fully release and discharge the Lake Forest High School and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program."

Indemnity and Defense

"I further agree to indemnify, hold harmless and defend the Lake Forest High School and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program."

In the event of any emergency, I authorize the Lake Forest High School to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary from my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above Participants Liability Waiver and Hold Harmless Agreement

Signature Required (I have read & agree with Liability Waiver)

Parent/Guardian or Adult Participant

Date

Office Use Only

Date _____

Amt _____

Check # _____

Cash _____

Visa/MC _____