



# BEAUFORT HIGH SCHOOL CHEER CLINIC SIGN UP TODAY!

## Football Cheer Clinic

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

**Who:** Students in Pre-K through 8th grade.

**When:** Saturday, September 19th, 2015 9:00 AM to 12:00 PM

**Where:** Beaufort High School Gymnasium, Lady's Island

Performance is Friday, September 25, 2014, during half-time of the Varsity Football Game at the BHS Stadium.

**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, Sept 14th**. Forms received after this date will be considered walk-in registration. Forms may be turned in to a BHS cheerleader or mailed to Laura Eggers, P.O. Box 445, Beaufort, SC 29901. You may also drop it at the BHS office in c/o Coach Corrie Zimmerman. Checks should be payable to "Big Green Booster Club" with "Cheer Clinic" in the memo. Any questions? Please contact Laura Eggers at [egg06@comcast.net](mailto:egg06@comcast.net) or 843.252.4499 or Denise Boswell at [dmboswell@centurylink.net](mailto: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 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, Sept. 14th 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.