

St. Vincent Ferrer H.S.



# 2017 SUMMER CHEER CLINICS

The Department of Athletics will host its 1st Annual Cheer Clinics. These clinics will be hosted by the Cheer Captain, Emma Kenniff, to help each athlete develop essential skills, learn proper motions and technique, jumps, and a cheer/dance routine. These clinics will also be supervised by the program coach, Ms. Caceres.  
***SPACE IS LIMITED, REGISTER TODAY!!***

**Date: Monday-Friday, August 7-11**  
**Time: 2:00PM-3:30PM**  
**Location: SVF Gym**  
**Cost: \$85 Cash/Bank Check/Money Order are accepted (*NON-REFUNDABLE*)**  
**Open to Girls: 7th-12th Grade**  
***All Levels are Welcome!!***

**\*\*Registration and payment must be received by Wednesday, July 26th\*\***

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade as of 09/17: \_\_\_\_\_

**T-Shirt Size (Please circle ONE):**    Small    Medium    Large    X-Large

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

I/We, the parent(s)/guardian(s) of the above named, approve my child's participation in all activities at the St. Vincent Ferrer High School 2017 Summer Cheer Clinics. I/We certify that my daughter is in good physical condition, has been examined within the last 12 months and no medical reason has been found that will prevent her from participating in the cheer clinics. St. Vincent Ferrer H.S. has also been informed of any physical limitations, medications or prior conditions.

I/We understand that the activities, which she will be asked and expected to participate in, are strenuous and require physical and athletic agility. I/We understand that cheerleading is an activity in which risk of injury is high; that any of the routines involving my daughter participation in cheerleading activities in general could lead to serious injury, including partial or total paralysis, even death. I/We have also discussed with our child and among ourselves. Despite this understanding of the possibility of serious or catastrophic injury or death and the risks involved, I/we still consent to the participation in these activities by our daughter. These clinics will safeguard the health of my daughter, but will not be responsible for accidents, injuries or sickness on the way to the clinic(s), during the clinic(s) or on the way home. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless St. Vincent Ferrer H.S., the Dominican Sisters, the Archdiocese of N.Y., the organizers, directors, coaches, counselors and other participants from any claims arising out of injury to myself/us and my child incidental to such participation and from any claims for loss or damage to her property which may arise of her participation in the 2017 Summer Cheer Clinics on August 7th-11th.

I/We hereby authorize the directors, trainers, and/or coaches of St. Vincent Ferrer High School's 2017 Summer Cheer Clinics to act on my/our behalf, according to their best judgment, in any emergency. I/We will assume responsibility for payment for any such action.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_