** IT’S THAT TIME OF YEAR…ROCKY CHEER**

 **10TH ANNUAL GRIZZLY CUB CLINIC**

**WHEN:**

MAY 29: 5:00-6:30 CLINIC

 CHECK IN: 4:30-5:00

MAY 30: 5:00-6:30 CLINIC

MAY 31: CLINIC: 5:00

**GRIZZLY SHOWTIME 6: OO P.M.**

**WHERE:**

ROCKY MOUNTAIN HIGH

SCHOOL ATHLETIC CENTER

**WHO:**

AGES 3 – 8TH GRADE

**COST:**

 $40.00 PER PERSON

 $30.00 PER PERSON FOR

 SIBLINGS

**HOW TO REGISTER:**

COMPLETE FORM, SIGN LIABILITY AGREEMENT, AND MAIL TO EVENT COORDINATOR OR DROP OFF AT ROCKY MOUNTAIN HIGH SCHOOL.

CASH AND CHECKS ONLY, NO CREDIT CARDS WILL BE ACCEPTED.

MAKE CHECKS PAYABLE TO:

 RMHS GRIZZLY CLUB CLINIC

MAIL PAYMENTS TO: CUB CLINIC

 5450 N. LINDER RD.

 MERIDIAN, ID 83646

**Questions: contact fisher.hollie@westada.org**

**PRICE INCLUDES**

CHEER AND DANCE INSTRUCTION, CHEER AND DANCE PERFORMANCE ROUTINE

**PAYMENT DETAILS:**

PAYMENT DUE BY MAY 20TH FOR REQUESTED T-SHIRT SIZE

LATE REGISTRATION BY MAY 25TH OR AT THE DOOR WILL BE AN ADDITIONAL $10

**Child’s Name:**

 **Age:**

**Parent’s Name:**

**Cell Phone:**

**Parent’s email address:**

**Emergency Contact Name and Number:**

**T-Shirt Size:**

 **YXS YS YM**

 **YL AS AM**

 **AL**

**LIABILITY AGREEMENT: (MUST BE SIGNED BY PARENT/GUARDIAN)**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_THE UNDERSIGNED PARENT/GUARDIAN, DO HEREBY GRANT PERMISSION FOR MY CHILD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO PARTICIPATE IN THE ROCKY MOUNTAIN CHEER AND DANCE GRIZZLY CLUB CLINIC ON, MAY 17, 18 AND 19, 2018. IN THE CASE MY CHILD MAY NEED MEDICAL TREATMENT I HEREBY AUTHORIZE THE CHER AND DANCE COACH, ALONF WITH OTHER SUPERVISING ADULTS TO OBTAIN MEDICAL TREATMENT. I SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS WET ADA SCHOOL DISTRICT 2, AND ALL OF ITS OFFICERS, AGENTS, EMPLOYEES, THE STATE OF IDAHO AND ITS POLITICAL SUBDIVISION FROM AND AGAINST ANY AND ALL DEMANDS, SUITS, ACTIONS, CLAIMS, LOSS OF DAMAGE OF ANY KIND, CHARACTER OF DESCRIPTION, WHETHER OR NOT MERITORIOUS, AND BY WHOMSOEVER MADE OR CAUSED, IN ANY MANNER ARISING OUT OF OR ACCURING BY REASON FOR OR IN RELATION TO ANY ACT OR OMISSION OF ROCKY CHEER AND DANCE, ITS AGENTS, SERVANTS, OR REPRESENTATIVES, OR ANY OCCURENCES, INCIDENTS, OR INJURIES CONNECTED WITH THE ACTIVITY.

**** PARENT/GUARDIAN SIGNATURE: