



Millikan High School JR RAMS CHEER CLINIC



Hey Elementary and Middle School Cheerleaders it's time for Millikan's annual cheer clinic! Bring your squad or come with a *GROUP* of 5 or more to receive the lower team price of **\$25.00** each participant, and join the fun!

You will learn:

- ❖ Cheers
- ❖ A dance routine
- ❖ Stunts
- ❖ Gymnastics
- ❖ Millikan Cheer Clinic T-Shirt
(reserve by January 13th to guarantee sizes)
- ❖ Perform at a Millikan Varsity football game!



Cheer Clinic

Saturday, January 28, 2012 9:00am-12 noon

@ Millikan High School in the Gold Gym, small snack/water provided

Basketball Game Halftime Performance

Wednesday, February 1st Millikan Rams vs. Wilson

Practice pre-game 5:30 pm meet in the Wrestling Room

Game starts 6:30 pm

Questions or to register contact:

Ingrid Guntner-Palsgrove, Cheer Advisor

Millikan High School 2800 Snowden Long Beach, Ca 90815

425-7441 ext.4289

email IHGuntner@lpschools.net

Each participant must sign the liability/medical/photo release

LIBAILITY RELEASE

I understand and acknowledge that as provided in part of Education Code 35330, I waive and forever release and discharge the Long Beach Unified School District, the Board of Education and it's officers, employees and agents from all liability, claims, loss, cost or expense arising from or attributable to the above identified activity. To the best of my knowledge, my child has no physical condition, which would interfere with his/her ability to participate in or attend this activity or would endanger his/her health or any other student's health.

Date

Signature of Parent/Guardian

MEDICAL AUTHORIZATION

Should my child need to have medical treatment while participating in this activity, I hereby give the school district personnel permission to use their judgment in obtaining medical service for my child and I give permission to the physician selected by the school district personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the school district has no insurance covering such medical or hospital costs incurred for my child and, therefore, any costs incurred for such treatment shall be my sole responsibility.

Student's Name

Emergency Telephone Number

Home Address

Home Phone Number

Business Phone Number

Signature of Parent/Guardian

Date

PHOTO RELEASE

I hereby give permission for images of my child to be taken during the cheer clinic through video, photo, or digital camera, to be used solely for the purpose of promoting current and future Jr. Ram Cheer Clinics and I hereby waive any rights of ownership of such images.

Student's Name

Signature of Parent/Guardian

Date