



2025 OAKS CHEERLEADING CLINIC

For Who: Grades PK- 6TH

When: Tuesday, September 23rd
Wednesday, September 24th

Where: Oak Hill Elementary
(In order for your child to stay after school, please
send a note stating they will be attending the clinic.)

Time: 3:30 – 4:30

Cost: \$25.00 (Additional Siblings \$20.00 each participant)

Clinic Registration

Please return form & money by Friday, September 19th to OHE
(Make Checks Payable to: Oak Hill Cheerleaders)

Name: _____ **Grade:** _____

Address: _____

T-Shirt Size: (Please circle) YS YM YL AS AM AL AXL

Amount Enclosed: _____

I, the undersigned parent or guardian, do hereby give permission for the above-named participant to attend the Oak Hill Cheerleading clinic. I further release Oak Hill cheer, school, and its representatives from any claims for injury or illness that may be sustained as a result of participation in this event. I acknowledge and understand that by participating in this event, there is a possibility my child may sustain physical illness or injury in connection with their participation. I further understand and acknowledge that this is my child or otherwise legal ward and assume the full risk of physical injury for their participation. Also, I understand and accept full responsibility for any medical bills that may be incurred on behalf of my child for physical illness or injury that may sustain during the event. I have read the above statement and agree in full to its content.

Parent/Guardian signature _____ Date _____

Relationship _____ Phone Number _____