



HOLIDAY CHEER CLINIC

Cheer on our Tornado Basketball team by participating in the
VARSITY HOLIDAY CLINIC!

Date: Sunday, December 15, 2019
Time: 1:00 pm - 4:00 pm
Cost: \$30.00 per person (non-refundable)
Includes clinic T-Shirt and snack
Location: Center Township Elementary School

****Registration is due by Thursday, December 5, 2019****
****Holiday Clinic is limited to 50 participants****

This clinic will give future cheerleaders a basic outline of cheerleading.
The most current techniques will be taught by the **Butler Varsity Cheerleaders**

All participants who attend the clinic will cheer the first half of the
Butler Varsity basketball game
on Tuesday, December 17, 2019.

Participants will be assigned to groups by age and last name. FOR THE SAFETY OF YOUR CHILD,
NO CHANGES WILL BE MADE ON THE DAY OF THE CLINIC. Return to watch them perform their
material at 3:30. Parents **MUST** come inside to pick up your child at the end of clinic.

Mail Registration form and payment to:

Joyce Slomers
591 Whitestown Rd.
Butler, Pa. 16001

Make check payable to:
Butler Varsity Cheerleaders

For more information:
Beth – 724.996.7448
Joyce – 724.504.4634

**BUTLER VARSITY CHEERLEADER HOLIDAY CLINIC
REGISTRATION FORM**

Cheerleaders Name _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Age _____

Person to Contact in case of Emergency _____

Emergency Contact Person Telephone Number _____

Family Physician _____ Telephone Number _____

Insurance Company _____

Policy Holder _____ Policy # _____

If cheerleader is on medication, please list _____

List any allergies _____

**I GIVE PERMISSION FOR ANY MEDICAL TREATMENT NECESSARY FOR THE HEALTH
AND WELL-BEING OF MY CHILD.**

I/We the undersigned Parent(s) or Guardian of _____ agree to indemnify and hold
harmless BUTLER VARSITY CHEERLEADERS AND THE BUTLER SCHOOL DISTRICT against any and all
claims to accidents and injury at this Clinic Event and Basketball Game.

My child _____ has my permission to perform at the Butler Varsity Basketball Game
on Tuesday, December 17, 2019.

Signature of Parent or Guardian

Date

Please circle your child's shirt size: YS (6-8) YM (10-12) YL (14-16) AS AM AL

Please enclose check only made payable to:

Butler Varsity Cheerleaders

\$30.00 includes: clinic, T-shirt, and snack

Mail To:

Joyce Slomers
591 Whitestown Rd.
Butler, Pa. 16001

RELEASE

This is a legally-binding Release made by _____ (print full name of parent/guardian) and

_____ (print full name of parent/guardian), to the Butler Area School District.

I/We recognize and understand that my/our child _____ (Name) desires to participate in the 2019 Butler Varsity Cheerleading Holiday Clinic & Varsity Basketball Game, on Sunday, December 15, 2019 & Tuesday, December 17, 2019, taking place on the campus of the Butler Area School District. I/We understand that the Butler Area School District does not require our child to participate in the Camp/Clinic, or in any related activity, but I/we want him/her to do so, despite the possible dangers and risks and despite the Release.

I/We fully recognize that there are dangers and risks to which my/our child may be exposed in participating in the Camp/Clinic, and related activities. It is fully recognized and understood that participation in the Camp/Clinic, and related activities, may give rise to the risk of injury, either directly by way of my/our child's own actions or by the actions of others. Examples of these dangers and risks are injuries including, but not limited to, muscle or ligament damage, lacerations, abrasions, contusions and fractures, paralysis, disability, as well as other injuries or conditions up to and including loss of life. I/We are aware of the existence of the risk taken. I/We appreciate its character and, on behalf of my/our child, voluntarily assume all risk of harm.

I/We agree to assume and take on myself/ourselves all of the risks and responsibilities in any way associated with the Camp/Clinic, and related activities. In consideration of and return for the services, facilities, equipment, equipment or other things provided to me/us or my/our child by the Butler Area School District in this activity.

I/WE HEREBY RELEASE THE BUTLER AREA SCHOOL DISTRICT (AND ITS SCHOOL BOARD MEMBERS, ADMINISTRATION, COACHES, EMPLOYEES, OFFICERS AND AGENTS) FROM ANY AND ALL LIABILITY, CLAIMS AND ACTIONS THAT MAY ARISE FROM INJURY OR HARM TO MY/OUR CHILD, OR FROM DAMAGES TO HIS/HER PROPERTY, IN CONNECTION WITH THE CAMP/CLINIC, AND RELATED ACTIVITIES. I/WE UNDERSTAND THAT THIS RELEASE COVERS LIABILITY, CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURES TO ACT OF THE BUTLER AREA SCHOOL DISTRICT (OR ITS SCHOOL BOARD MEMBERS, ADMINISTRATION, COACHES, EMPLOYEES, OFFICERS OR AGENTS OF EACH OF THEM), INCLUDING BUT NOT LIMITED TO NEGLIGENCE, MISTAKE OR FAILURE TO SUPERVISE.

I/We recognize that this Release means I/we are giving up, among other things, rights to sue the Butler Area School District for injuries, damages, or losses I/we may incur. I also understand that this Release binds my/our heirs, executors, administrators and assigns, as well as myself/ourselves.

Further, I/we agree to defend, indemnify and hold harmless the Butler Area School District, its school board members, administration, coaches, employees, officers and agents from and against any claim, damage, liability, injury, expense or loss, including but not limited to, reasonable attorney fees, by reason of any suit, claim demand, judgment or cause of action initiated by _____ (child's name) or arising out of _____'s (child's name) participation in the Camp/Clinic, and related activities.

I/We further acknowledge, that to the best of my/our knowledge, information and belief, my/our child is physically able to participate in the Camp/Clinic, and related activities, without any undue or unusual risk to him/her or to others.

In the event any portion of the foregoing release is deemed to be unenforceable, all other portions of the release shall remain in full force and effect.

I/We have read this entire Release. I/we fully understand it and I/we agree to be legally bound by it.

READ CAREFULLY BEFORE SIGNING

Releaser's (parent/guardian) signature

Releaser's (parent/guardian) signature

Date