

# 2019 Pee Wee Cheerleading Clinic

Grades: Kindergarten-5th

Cost: \$25 per child or \$45 for 2 siblings

**Varsity Football Game:** ALL grades will cheer during the first quarter of the Clarenceville High School Varsity Football Game at 7:30 pm on Friday, October 11<sup>th</sup>  
Please be at the football field at 6:50 pm- Participants will get FREE admission to the football game, **when accompanied by a paying adult.**

### Practices:

Wednesday, October 9<sup>th</sup> 5:30-7:30 pm

Thursday, October 10<sup>th</sup> 5:30-7:30 pm

**Practices will be held in the Clarenceville High School Gym and due to limited space practices will ONLY be for Participants.**

Participants will learn chants, a routine, jumps, and motions from the Varsity Cheerleaders to perform during the first quarter of the game.

**ALL participants who PRE-REGISTER will receive a T-shirt to be worn at the game on Friday.**

**Registration needs to be received Monday, September 23rd to be guaranteed a shirt!!  
You can still register the night of practice however you are not guaranteed a t-shirt.**

**To pre-register please mail your registration form to:**

ATTN: Alexa Bean, Varsity Cheer Coach  
Clarenceville High School  
20155 Middlebelt Road  
Livonia, MI 48152

**Make Checks payable to Clarenceville High School.**

**Registration forms and money MUST be dropped off at the high school office.**

**FORMS WILL NOT BE PICKED UP FROM EITHER OF THE ELEMENTARY SCHOOLS!**

Contact Coach Alexa Bean at [clarencvillecheer@gmail.com](mailto:clarencvillecheer@gmail.com) with questions or concerns!

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### Permission Slip/ Waiver Form

ATHLETE(S) NAME \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

PARENT(S) NAMES \_\_\_\_\_ Phone # \_\_\_\_\_

EMERGENCY # \_\_\_\_\_

T-shirt Size: Youth S M L Adult S M L XL

PARENT SIGNATURE \_\_\_\_\_

I hereby give permission for my child to participate in the Clarenceville Cheerleading Camp.  
I will not hold the Clarenceville School District or its coaches responsible or liable for any accidents that occur during the camp or for any lost or stolen items during the process of the clinic. I certify that my child has been examined by a physician within the last twelve months, and the physician has declared my child to be in excellent health and eligible to participate in strenuous activities, such as cheerleading. Permission is granted for my child to receive emergency medical treatment, if needed.