**Horizon High School Spiritline’s**

**All New**

 **Friday, January 10, 2020**

**3:30pm – 7:00pm in the HHS Cafeteria**

The Horizon High School Pom & Cheer members will be hosting an all New Pom & Cheer clinic for students in grades 1-8! Participants will be divided by grade and will learn several HHS cheers and a short halftime routine to be performed at a HHS JV Basketball game on ***Friday, January 10th (all in one day).*** The Clinic will be led by the HHS Spiritline members. All participants will receive a t-shirt, bow and dinner.

# \*\* Parent’s attending game – there is a $5.00 entry fee, game starts at 5:30pm please arrive in ample time as halftime times may vary\*\*

|  |  |
| --- | --- |
|  When:  | Friday, January 10, 2020  |
|  Time:  | 3:30pm – 7:00pm  |
|  Location:  | Horizon High School Cafeteria  |
|  Address:  | 5601 E. Greenway Rd  |
|   | Scottsdale, AZ  |
|  Registration:  | 1) By Mail  |
|   | 2) Horizon Webstore  |
|   | [https://az-paradisevalley.intouchreceipting.com;](https://az-paradisevalley.intouchreceipting.com/) Or  |
|   | 3) In Person the day of clinic  |
|  Attire:  | Tennis shoes required, black shorts suggested **Please bring water bottles**  |
|  Questions:  | Please email all questions to  |
|   | horizonpomandcheer@gmail.com  |

**Cost is $50.00 (non-refundable)**

**Please make your check payable to “Horizon High School”**

**Participant name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade:\_\_\_\_\_\_\_\_\_ School Attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Shirt Size:Youth S\_\_\_\_\_\_ Youth M\_\_\_\_\_\_ Youth L\_\_\_\_\_\_ Youth XL\_\_\_\_\_\_ Adult S\_\_\_\_\_\_ other\_\_\_\_\_\_**

**\*\* Mail check to Horizon High School**

 **Attn: Bookstore**

 **5601 East Greenway Road**

 **Scottsdale, AZ 85254**

**Parental/Guardian Medical Waiver and Release for**

**Horizon High School Pom & Cheer Clinic**

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade in School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School attending currently: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# MEDICAL INFORMATION

Any Known Allergies, Illnesses, Injuries, or Disabilities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Last Tetanus Booster: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# INSURANCE INFORMATION

Insurance Co. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Co. Phone number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy holder’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EMERGENCY INFORMATION (if we can’t reach you)

Emergency contact name #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PARENTAL/GUARDIAN MEDICAL RELEASE AND WAIVER

I hereby:

1. Give permission to the above named participant to attend and participate in the Horizon High School (HHS) Pom & Cheer Clinic.
2. Give permission to the staff to photograph the participant for use on social media.
3. Give permission to the staff to render first aid or emergency treatment if needed. If staff is unable to reach me, the treatment deemed necessary for my child’s health will be given.
4. Certify that the medical information given above is complete and accurate, and that no health related situations preclude my child from participating safely.
5. Agree to assume all risk arising from my participation in clinic.
6. Agree to save, hold harmless, discharge and release HHS, their student instructors, coaches and parent volunteers for any and all liability, claims and causes of action, damages or demands in connection with participation in the clinic.
7. Understand that any medical expenses will be the sole responsibility of the participant’s parent or legal guardian.
8. Agree to accept any decisions made by the facilitating coach regarding a loss of participation by my child, if during the clinic, unacceptable or inappropriate behavior is exhibited by my child.

By signing below, I certify that I am the participant’s parent or legal guardian, and attest that I have read and agree to the above ***Parental/Guardian Medical Release and Waiver***.

Printed name of Parent /Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian phone contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_