

# Horizon High School Jr. Huskies Pom & Cheer Clinic

*Calling All Future Pom & Cheer Members in Grades 1-8!*

***Thursday, November 4, 2021***

**3:30 p.m. - 7:45 p.m. in the HHS Cafeteria**

The Horizon High School Pom & Cheer members will be hosting a Pom & Cheer clinic for students in grades 1-8!

Participants will be divided by grade and will learn several Horizon cheers and a short halftime routine to be performed at a Horizon Junior Varsity Football game on ***Thursday, November 4th. (all in one day)***

The clinic will be led by the HHS Varsity Pom and Cheer coaches and will also include help from current HHS Pom & Cheer members.

All participants will receive a t-shirt, bow and dinner.

**When: Thursday November 4, 2021**

**Time: 3:30 p.m. - 7:45 p.m.**

**\*\*Parent's attending game - there is a \$5.00 entry fee\*\* Game Starts at 6 pm - Half time Approx. 7:20 pm\*\***

**Location: Horizon High School Cafeteria**

**Address: 5601 E. Greenway Rd., Scottsdale, AZ**

**Attire: Tennis shoes required, and black shorts are suggested - BRING water bottles**

**\*\*\*\*Please remember to bring waiver the day of the clinic\***

**Registration: By mail for early pricing or on day of clinic**

**Cash or check payable to "HORIZON HIGH SCHOOL" or**

**You can pay online through the Horizon High School's webstore**

**<https://az-paradisivalley.intouchreceipting.com/>**

**Cost is \$50.00 (non-refundable) if you register by 11/1/2021**

**\$60.00 (non-refundable) if received after 11/1/2021**

**Questions? Email your questions to [hhsspritoline@gmail.com](mailto:hhsspritoline@gmail.com)**

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Participant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

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

Grade: \_\_\_\_\_ School attending: \_\_\_\_\_

Shirt size: \_\_\_\_\_ Child S \_\_\_\_\_ Child M \_\_\_\_\_ Child L \_\_\_\_\_ Child XL \_\_\_\_\_ Adult S \_\_\_\_\_ Adult M

**\*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 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.
3. Certify that the medical information given above is complete and accurate, and that no health-related situations preclude my child from participating safely.
4. Agree to assume all risk arising from my participation in clinic.
5. 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.
6. Understand that any medical expenses will be the sole responsibility of the participant's parent or legal guardian.
7. 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 \_\_\_\_\_