

**WESTWOOD
HIGH SCHOOL
CHEER CLINIC
2014 - 2015**

WHS Cheerleaders will teach cheers, chants, jumps, simple stunts and a dance. Tumbling will not be taught at this event.

The clinic includes a t-shirt and hair bow for each participant. Snacks and drinks will be provided. Participants should wear comfortable clothes (shorts, t-shirt, socks & tennis shoes). Hair must be up & out of the face.

Make sure to register early! Walk-in registration will be accepted, but limited quantities of extra t-shirts will be available. Specific t-shirt sizes can not be guaranteed after **February 7, 2015**.

All participants will receive 50% off Escapade tickets, the spring dance & cheer performance on March 6 & 7, 2015.

Online Registration Method

Fill out form:
<http://www.westwoodcheer.com/cheer-clinic>
Send Payment: www.paypal.com
 Must have an active PayPal account for this option
 Select: Send Someone Money
 From: your email address
 To: whscheerleadingboosterclub@gmail.com
 Notes: "Name" Clinic Fees

Mail-in Registration Method

Make checks payable to: WHS Cheerleading Booster Club
Mail registration form and payment to:
 WHS Cheer Clinic
 C/O Karen Crider
 10220 Chestnut Ridge Rd, Austin, TX 78726
 Notes: "Name" Clinic Fees

Questions?
whscheerleadingboosterclub@gmail.com | 512-560-7379

SATURDAY, FEBRUARY 21ST

- Who:** Grades Kindergarten through 8
- Where:** Westwood High School - Field House
- Why:** Fun for all ages and skill levels. The clinic is a great way to see what it is like to be a Westwood Cheerleader!
- Time:**

8:30am - 9:00am	Check In
9:00am - 12:00pm	Clinic
12:00pm - 12:30pm	Performance
12:30pm - 1:00pm	Picture Opportunity

WHS Cheerleaders will be available for pictures with your child.

Bring your cameras!
Warrior Nation Apparel available for purchase!

Cost: \$35.00 per child

Name _____ Grade _____

Address _____

Parent's Name _____ Phone _____

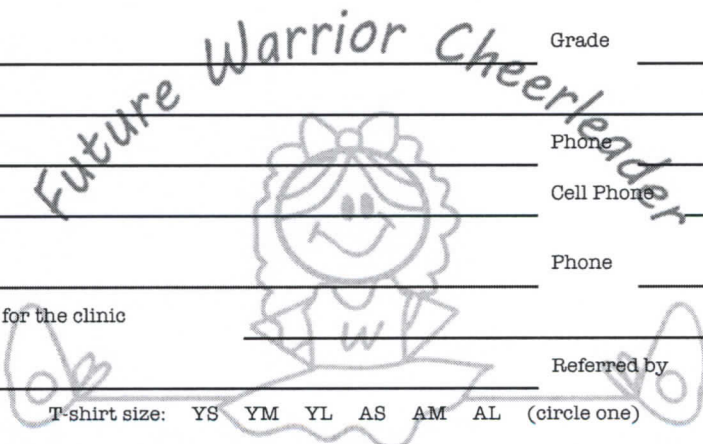
Parent's E-mail _____ Cell Phone _____

In Case of Emergency (other than parent) _____ Phone _____

Food allergies or medical concerns for the clinic _____

School attending now _____ Referred by _____

T-shirt size: YS YM YL AS AM AL (circle one)



By signing below, I hereby give my permission for my child to fully participate in the WHS Cheer Clinic. In case of emergency, I authorize the WHS Cheer Clinic to administer first aid or contact 911 until I can be reached. I agree not to hold RRISD, Westwood High School or any of its representatives responsible in case of accident.

Parent Signature _____ Date _____