

# Hayfield CHEERLEADING Clinic



## Learn from the best!

Join the Hayfield Cheerleaders for a day of fun.



The clinic will include instruction on:  
**Cheers and Chants, Jumps, Motions, Dance, and Spirit Activities**

**Who:** All children grades 1-6

**Where:** Hayfield Secondary School

**When:** Thursday, January 14 from 4:30-7:30 pm

**AND**

Friday, January 15 from 4:30-7:00 pm

*(this is a two-day clinic, please attend both days)*

**Price:** \$60.00

*(includes both days, a t-shirt, hair bow, snack on 1/14, and a pizza dinner on 1/15)*

All clinic participants will receive a t-shirt and will **perform** at the Hayfield v. Mt. Vernon Boys basketball game on Friday, January 15 at half-time at approximately 8:30 (please bring black shorts/pants to wear with the clinic t-shirt for the performance).



**How to register:** Please complete the form on the back and mail it with a check to:

Student Activities  
Cheerleading Clinic  
Hayfield Secondary School  
7630 Telegraph Road  
Alexandria, VA 2231

Checks made payable to **Hayfield Hawk Booster Club** (all proceeds will benefit the Hayfield Cheerleading Program)

**Completed registration form and full payment must be received before Monday, January 4, 2010.**

Please contact Lynn Hendricks with questions at [LynnMarieHendricks@gmail.com](mailto:LynnMarieHendricks@gmail.com) or 703-924-7583 or Theresa Hayman at [Theresa.hayman@fcps.edu](mailto:Theresa.hayman@fcps.edu) or 703-924-7472.

## Cheerleading Camp Registration Form

Child's Last Name First Name Nickname

Grade Age School Your Child Attends

Parent Name Address

City State Zip

Home Phone Business Phone Cell Phone Email Address

Family Physician Physician's Phone Number

### Medical Consent

I hereby state that my child is in good, normal health and has my permission to participate in all activities. In addition, I authorize the Hayfield Cheer Clinic staff to act for my child in the event of injury or illness.

Registration requires a parent/legal guardian to sign below agreeing that, in case of an accident involving your child while attending the Hayfield Cheer Clinic, you release the Camp, Sponsor, Counselors, and Directors from any and all liability.

Name of Parent/Legal Guardian (Print) Signature Date

### Emergency Contact Information

Child's Name Emergency Contact Phone

Emergency Contact Name Relationship to Child

List Special Medical Conditions or Allergies

### Health Insurance Information

Insurance Company Policy Number

Group Number ID Number

### T-Shirt Size

Youth Small

Adult Small

Youth Medium

Adult Medium

Youth Large

Adult Large