**Mini Cheer Clinic Registration Form**Clinics: Wednesday, January 27 (4:00pm – 7:00pm), Thursday, January 28 (4:00pm – 6:00pm)
PERFORMANCE: Girls Varsity Basketball Game, Friday, January 29th (6:00pm)
The performance will take place during half-time of the game
Wootton High School

**REGISTRATION DEADLINE – January 13th** Limited Space Available. Spaces will be filled on a first come, first served basis.

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (Please write legibly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt Size YS YM YL

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

Emergency Contact Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone Number: (home/cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$45.00 – Payment type (Please Circle) cash check (Made payable to Wootton Booster Club)

\*Cost includes dinner on 1/27, snack on 1/28 and a T-shirt

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I agree to allow my child to participate in the WHS Mini Cheer Clinic. To my knowledge there are no serious health concerns that would affect my child’s participation. I also understand that my child will be taught basic cheerleading motions and stunting and will be under adult supervision at all times. In the event of injury, I agree not to hold Wootton high School, any member of Wootton cheer, Cheer Coaches, Staff at Wootton or MCPS liable.

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Parent/Guardian Signature Print Name

Registrations will not be confirmed without payment. Please return to: WHS Mini Cheer, Attn: Stephanie Labbe, Wootton High School, 2100 Wootton Parkway, Rockville, MD 20850. If you have questions please contact Stephanie.C.Labbe@mcpsmd.net