

# PTHS CHEER

## CLINIC 2015

The Peters Township High School Cheerleaders will host their annual Cheer Clinic!



Peters  
Cheer Clinic

**Saturday, January 24, 2015**  
**10:30am-2:15pm**  
**at McMurray Elementary School**

Registration from **10-10:30 AM**  
Performance for friends and family beginning at **1:15 PM**  
**For children ages 5 years thru 8<sup>th</sup> grade**

Learn a new dance, cheer & stunts! Instruction provided by the award-winning PTHS Cheerleaders and Coaches. All clinic cheerleaders are invited to show off their new cheer clinic skills during the half-time show of the Girls' Varsity Basketball game on **Monday, January 26, 2015** at Peters Township High School.

### PRE-REGISTER BY JANUARY 15<sup>th</sup> FOR ONLY \$25.00

Space is limited – register early!

Registration includes a T-shirt and refreshments for your child on the day of the clinic.  
(\$5.00 discount per family is offered if multiple members of the same family register for the clinic.)  
We cannot refund your registration money after January 15, 2015.

**PLEASE FILL OUT BOTH SIDES OF THIS REGISTRATION FORM & mail registration form with a check to:**

PTHS Cheer Clinic, 106 Lantern Circle, McMurray, PA 15317

For up-to-date information or to get additional registration forms, please visit the PTHS Cheerleading website at:  
[pthscheerleading.weebly.com](http://pthscheerleading.weebly.com)

QUESTIONS: Contact Melanie Baker Bleiweis at 724-969-1128 or [pthscheerclinic@gmail.com](mailto:pthscheerclinic@gmail.com)

THIS GROUP IS SHARING THE ATTACHED INFORMATION THROUGH THE PETERS TOWNSHIP SCHOOL DISTRICT. THE EVENT OR PROGRAM IS NOT INITIATED OR SUPERVISED BY THE DISTRICT.

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FOOD ALLERGIES: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ CHECK #: \_\_\_\_\_

-Shirt Size (Please circle one): Youth Small Youth Med Youth Large Adult Small Adult Med  
Adult Large 6 - 8 10 - 12 14 - 16

**Walk-In Registrations are also welcome on the day of the clinic for \$30.00**

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## WAIVER OF LIABILITY AND MEDICAL RELEASE FORM

I/We release and absolve the Peters Township School District, the Peters Township High School Cheer Boosters, Coaches, and Cheerleaders of any and ALL liability and responsibility for injuries, sickness, accidents, and/or property damage incurred during participation in the PTHS Cheer Clinic. I waive, release and forever discharge any and ALL rights and claims for damages, which I may accrue against the P.T. School District, the P.T. Cheer Boosters, Coaches and Cheerleaders for any and ALL damages, which may be sustained or suffered by my child in connection with participation of the PTHS Cheer Clinic. In the event of injury, accident, or sickness, I/We authorize treatment to my/our child by a physician and/or hospital.

CHILD'S NAME(S)

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PARENT/GUARDIAN SIGNATURE

DATE

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NAME

PHONE

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(In case of an emergency, please give us the phone number(s) where you can be reached during the cheer clinic hours 12:15 p.M. To 4:30 p.M.)

EMERGENCY PHONE

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DOCTOR'S NAME AND PHONE #

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INSURANCE COMPANY AND POLICY #

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