

Join Us & Cheer

Under the Friday Night Lights!

What: Cheerleading Clinic for K - 5th grade

Where: Harrison High School Small Gym

Cost: \$50.00, includes game admission for participant

When: Friday, August 16

3:50pm Registration/Check In

4:00pm Cheer Clinic

6:30pm Pre-game Show on home sideline of Cobleigh Stadium

******Register by AUGUST 1 and receive a FREE T-shirt!******

T-shirts and bows will not be available for walk up registrations.

MISCELLANEOUS DETAILS:

- What to wear: t-shirt, shorts and athletic shoes
- Pack a light snack and water, if desired.
- **Parents/Guardians, etc. will need to pay admission to the game.**
- Refunds on clinic registration will not be available.
- Pick up immediately after the performance at the home side gate near the Field House.
- Cheerleaders may order a custom Hoyas cheer bow for \$15. Select bow option below.
- Additional information and details will be sent to the email addresses provided the week of the game.

How to register:

1. Complete information below.

2. Return bottom half of form, along with payment

a. Via Drop Off – Main Office at Harrison High School Attn: Kelly Dickmann

b. Register Online [FNL Registration](#)

- Online Payment Zelle - Send to the email address hscbctreasurer@yahoo.com

- When asked to add a message, include your camper(s) name(s).

- We must receive your online registration and payment in order for you camper(s) to be fully registered.

Online registration closes at 11:59pm on August 1.

3. Checks payable to HHSCBC

a. Must be received by Thursday, August 1 – FOR FREE T-SHIRT

b. Walk Up Registration \$55 on Friday, August 16

Participant's Name _____ Grade: __K __1 __ 2 __ 3 __ 4 __5

Parent/Guardian Name _____ Cell # _____

Parent Email: _____ (used to send details/updates)

Emergency Contact Name _____ Cell # _____

Shirt Size: YS YM YL AS AM

Add optional bow for \$15: YES NO

Your child MUST have insurance to participate

Insurance Company _____ Name of Insured _____

Policy # _____ Group # (if applicable) _____

Allergies or other medical: _____

I hereby state that my child is physical fit and has my permission to participate in all clinic activities. I also grant to have my child treated by a physician if necessary. I further state that I shall not hold Cobb County Public Schools, Harrison High School, nor any of its coaches or students responsible or liable for any injuries incurred during any portion of this clinic. I understand that each parent or guardian is responsible for any medical bills incurred as a result of my child's participation in cheer clinic activities at Harrison HS.

Parent Signature: _____ Date: _____