



BUTLER HIGH SCHOOL CO-ED VARSITY CHEER CLINIC!

DATE: Sundy, September 26th, 2021
 TIME: 1:00 pm - 4:00 pm
 LOCATION: Center Township Elementary School
 950 Mercer Rd, Butler 16001
 (turn right and proceed to the gym side of CT)
 WHO: Any child ages 5 - 12 - Boys and girls welcome!
 COST: \$40 per participant (non-refundable) - 25% discount for sibling
 (ex: 1st participant - \$40, each additional child \$30)
 (Includes - t-shirt, snack, instruction by Varsity Cheerleaders, participants
 admission to football game & cheering during the 1st half of BHS football game)

Registration is due by Sunday, September 12th, 2021

****Late registrations can't be guaranteed a t-shirt****

This clinic will give future cheerleaders a basic outline of cheerleading.
The most current techniques will be taught by the BUTLER VARSITY CHEERLEADERS.

Participants will be assigned to groups by age. For the SAFETY OF YOUR CHILD, NO CHANGES can be made on the day of the clinic. Each participant will be given a colored/numbered wristband to wear. The parent/guardian will be given a matching band. This band will be needed when picking up your child.

PARENTS - please return by 3:30 to watch your child perform the material they learned.
Children will be dismissed by group. Please wait for us to release your child to you.

All participants who attend the clinic will also get to cheer during the first half of the BUTLER VARSITY FOOTBALL GAME on **Friday, October 1, 2021.**

Information regarding the game will be distributed at the clinic.

Mail payment, registration form and waiver to:

Butler Cheer
% Joyce Slomers
591 Whitestown Road
Butler, PA 16001

Make checks payable to:
Butler Varsity Cheer
\$40
(sibling discount of 25%)



For more information:
bgtcheer@gmail.com
Joyce - 724.504.4634

BUTLER VARSITY CHEERLEADING CLINIC - REGISTRATIONFORM

PARTICIPANT NAME: _____ AGE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN PHONE #: _____

PARENT/GUARDIAN EMAIL: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE #: _____

FAMILY PHYSICIAN: _____ PHONE#: _____

INSURANCE COMPANY: _____

POLICY HOLDER: _____ POLICY#: _____


PARTICIPANT MEDICATIONS: _____

LIST ANY ALLERGIES: _____

I GIVE PERMISSION FOR ANY MEDICAL TREATMENT NECESSARY FOR THE HEALTH AND WELL-BEING OF MY CHILD.

I/we the undersigned Parent/Guardian of _____ agree to indemnify and hold harmless BUTLER VARSITY CHEERLEADERS, volunteers, organizers and the BUTLER AREA SCHOOL DISTRICT against any and all claims to accidents and injury during the clinic and football game.


My child _____ has my permission to participate at the clinic on Sunday, September 26th and perform at the Butler Varsity Football game on Friday, October 1, 2021.

Signature of Parent/Guardian  _____
Date

Please circle your child's shirt size: YS (6-8) YM(10-12) YL(14-16) AS AM AL 

Photo release:

I, _____, the parent or legal guardian of _____ [Child] grant Butler Varsity Cheerleading & Butler Area School District my permission to use my child's photographs on the cheerleaders & District social media platforms for publicity. _____

Signature of Parent/Guardian 

**Mail registration form, waiver and payment to:
Butler Cheer
% Joyce Slomers
591 Whitestown Road
Butler, PA 16001

** Make checks payable to:
Butler Varsity Cheer
\$40 - includes t-shirt/clinic/snack/
participant's admission to football game
(25% discount for sibling)

**For more information/questions: bgtcheer@gmail.com - Joyce - 724.504.4634

RELEASE

This is a legally-binding Release made by _____ (print full name of parent/guardian) and _____ (print full name of parent/guardian), to the Butler Area School District.

I/We recognize and understand that my/our child _____ (Name) desires to participate in the 2021 Butler Varsity Cheerleading FALL Clinic, on Sunday, September 26th, 2021, and Butler Football Game, on Friday, October 1, 2021 taking place on the campus of the Butler Area School District. I/We understand that the Butler Area School District does not require our child to participate in the Camp/Clinic/Game, or in any related activity, but I/we want him/her to do so, despite the possible dangers and risks.

I/We fully recognize that there are dangers and risks to which my/our child may be exposed in participating in the Camp/Clinic/Game, and related activities. It is fully recognized and understood that participation in the Camp/Clinic/Game, and related activities, may give rise to the risk of injury, either directly by way of my/our child's own actions or by the actions of others. Examples of these dangers and risks are injuries including, but not limited to, muscle or ligament damage, lacerations, abrasions, contusions and fractures, paralysis, disability, as well as other injuries or conditions up to and including loss of life. I/We are aware of the existence of the risk taken. I/We appreciate its character and, on behalf of my/our child, voluntarily assume all risk of harm.

I/We agree to assume and take on myself/ourselves all of the risks and responsibilities in any way associated with the Camp/Clinic/Game, and related activities. In consideration of and return for these services, facilities, equipment, equipment or other things provided to me/us or my/our child by the Butler Area School District in this activity.

I/WE HEREBY RELEASE THE BUTLER AREA SCHOOL DISTRICT AND ITS SCHOOL BOARD MEMBERS, ADMINISTRATION, COACHES, EMPLOYEES, OFFICERS AND AGENTS) FROM ANY AND ALL LIABILITY, CLAIMS AND ACTIONS THAT MAY ARISE FROM INJURY OR HARM TO MY/OUR CHILD, OR FROM DAMAGES TO HIS/HER PROPERTY, IN CONNECTION WITH THE CAMP/CLINIC/GAME AND RELATED ACTIVITIES. I/WE UNDERSTAND THAT THIS RELEASE COVERS LIABILITY, CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURES TO ACT OF THE BUTLER AREA SCHOOL DISTRICT (OR ITS SCHOOL BOARD MEMBERS, ADMINISTRATION, COACHES, EMPLOYEES, OFFICERS OR AGENTS OF EACH OF THEM), INCLUDING BUT NOT LIMITED TO NEGLIGENCE, MISTAKE OR FAILURE TO SUPERVISE.

I/We recognize that this Release means I/we are giving up, among other things, rights to sue the Butler Area School District for injuries, damages, or losses I/we may incur. I also understand that this Release binds my/our heirs, executors, administrators and assigns, as well as myself/ourselves.

Further, I/we agree to defend, indemnify and hold harmless the Butler Area School District, its school board members, administration, coaches, employees, officers and agents from and against any claim, damage, liability, injury, expense or loss, including but not limited to, reasonable attorney fees, by reason of any suit, claim demand, judgment or cause of action initiated by _____ (child's name) or arising out of _____'s (child's name) participation in the Camp/Clinic/game, and related activities.

I/We further acknowledge, that to the best of my/our knowledge, information and belief, my/our child is physically able to participate in the Camp/Clinic, and related activities, without any undue or unusual risk to him/her or to others. In the event any portion of the foregoing release is deemed to be unenforceable, all other portions of the release shall remain in full force and effect.

The undersigned acknowledge that participating in this camp may include a possible exposure to a communicable disease including by not limited influenza, and COVID-19. The undersigned further acknowledge that they are aware of the risks associated with COVID-19 and that certain vulnerable individuals may have greater health risks associated with exposure to COVID-19, including individuals with serious underlying health conditions such as, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, and those whose immune systems that are compromised by chemotherapy for cancer, and other conditions requiring such therapy. While particular recommendations and personal discipline may reduce the risks associated with participating in athletics during the COVID-19 pandemic, the risk of serious illness, medical complications and possible death does exist.

We knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for Student's participation in said camp/game during the COVID-19 pandemic. We willingly agree to comply with the stated recommendations put forth by the BASD to limit the exposure and spread of COVID-19 and other communicable diseases. We certify that the participant is in good physical condition or believe the participant to be in good physical condition and allow participation in this camp at our own risk.

I/We have read this entire Release. I/we fully understand it and I/we agree to be legally bound by it.

READ CAREFULLY BEFORE SIGNING

_____ Releaser's (parent/guardian) signature

_____ Releaser's (parent/guardian) signature

_____ Date