



BUTLER VARSITY CO-ED VARSITY CHEER CLINIC

Date: Sunday, October 1st 2023

Time: 1:00 pm – 4:00 pm

Cost: \$40.00 per participant (non-refundable)

25% discount for siblings

Includes clinic, T-Shirt and snack

Location: Center Township Elementary School Gymnasium

****Registration is due by Monday, September 11th, 2023****

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 and last name.

FOR THE SAFETY OF YOUR CHILD, NO CHANGES WILL BE MADE ON THE DAY OF THE CLINIC.

WATCH YOUR CHILD PERFORM!

Join us in the gym to watch your child's routine. Performance will begin at 3:45 pm

Participants will be dismissed by groups to their parents/guardians following the performance.

Mail Registration form and payment to:

BHS Cheer
P.O. Box 1971
Butler, PA 16003

Make check payable to:

BHS CHEER

For more information:

Email: butlertorandoclinic@gmail.com

****Butler spirit items will be available for purchase during registration****

Cash/Checks/Venmo (@GoldenTornadoVCheer) accepted

The Butler Area School District does not sponsor or sanction this program/event/activity.

BUTLER VARSITY CHEERLEADER CHEER CLINIC REGISTRATION FORM

Participants Name: _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Age _____ Gender _____

Email: : _____

Person to Contact in case of Emergency _____

Emergency Contact Person Telephone Number _____

Family Physician _____ Telephone Number _____

Insurance Company _____

Policy Holder _____ Policy # _____

If participant is on medication, please list _____

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(s) or Guardian of _____ agree to indemnify and hold harmless BUTLER VARSITY CHEERLEADERS AND THE BUTLER SCHOOL DISTRICT against any and all claims to accidents and injury at this Clinic Event.

Signature of Parent or Guardian

Date

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

Please enclose check only (no cash) made payable to:

BHS CHEER

\$40.00 includes: clinic, T-shirt, and snack

Mail Registration Form & Release to:

BHS Cheer
P.O. Box 1971
Butler, PA 16003

Venmo also accepted - @GoldenTornadoVCheer

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 2023 Butler Varsity Cheerleading Cheer Clinic, on Sunday, October 1, 2023, as well the football game on Friday, October 6, 2023 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, or in any related activity, but I/we want him/her to do so, despite the possible dangers and risks and despite the Release.

I/We fully recognize that there are dangers and risks to which my/our child may be exposed in participating in the Camp/Clinic, and related activities. It is fully recognized and understood that participation in the Camp/Clinic, 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, and related activities. In consideration of and return for the 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, 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, 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.

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