

# KINGS WINTER CHEER CLINIC

MONDAY, FEBRUARY 5<sup>TH</sup> - 4:00 TO 6:30 PM

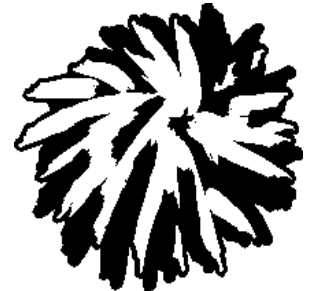
MONDAY, FEBRUARY 12<sup>TH</sup> - 4:00 TO 6:30 PM

KINGS JUNIOR HIGH GYMNASIUM AND CAFETERIA

GRADES K - 8TH

COST \$50

\*INCLUDES TEE SHIRT



PERFORMANCE AT VARSITY BASKETBALL GAME ON FEBRUARY 13<sup>TH</sup>

THANK YOU FOR SUPPORTING THE  
KINGS CHEER PROGRAM!



# KINGS WINTER CHEER CLINIC REGISTRATION FORM

(One form per camper)

Camper's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Name/Phone (other than parent): \_\_\_\_\_

Important Medical Information (use back if necessary): \_\_\_\_\_

Grade (K-8): \_\_\_\_\_

Shirt Size (circle one): Youth Small    Youth Medium    Youth Large    Youth XL  
Adult Small    Adult Medium    Adult Large    Adult XL

*As additional consideration given for my son, daughter or ward ("Camper") to participate in a Kings Athletic Booster Club Camp ("Camp"), I, the undersigned, (a) verify that my Camper is physically fit to participate in the strenuous athletic activity at the Camp; (b) release the Kings Athletic Booster Club, Kings Local School District, individual sports camp and all operators members, coaches, trainers, contractors, employees, volunteers and sponsors (collectively, the "Camp Operations") from any and all claims, liability, causes of action, losses, and damages resulting from or arising out of injury, illness, or property damage or loss to my Camper related directly or indirectly to the Camp. I also authorize any representative of the Camp to act for me according to their best judgment in an emergency requiring medical attention for my Camper.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check # (Checks payable to KABC)

Contact Head Coach Michelle Miller at [michellelynnmiller3@gmail.com](mailto:michellelynnmiller3@gmail.com) for more information!