

Newman Smith \$ 15 Cheer Clinic Cash Only

Would you like to cheer on the sideline of a varsity football game?

October 24, 2009 9 am to 12 pm

Newman Smith HS (Tutt Athletic Center)



*Hosted by
NSHS coaches and cheerleaders*

Campers will learn :

*Cheer
Jumps
Sidelines
Beginning stunt*

Campers should wear :

*Black shorts
Solid white t-shirt
Tennis shoes
Ankle socks
Hair in ponytail*

*Camper will cheer on the sideline with the Smith Cheerleaders at the
Varsity Football game that night. (Oct. 24)*

Campers will be given a bow to keep and green poms for the game.

*Price includes: instruction, admission to the varsity game, and a
night to remember.*

******Cheerleading t-shirts will be available for purchase******

QUICK GAME INFO FOR YOU TO KEEP!

Date of Game: Saturday, October 24 (Smith vs. Rockwall)

Place: Standridge Stadium (meet on the track of the visitor side)

Address of Stadium: 1330 W. Valwood Pkwy. -- Carrollton, Texas 75006

What to Wear: White or Clinic t-shirt, black shorts/pants, tennis shoes, hair in ponytail

Time: Game starts at 6:00 pm. All cheerleaders should arrive by 5:00 pm.

Clinic Participants will cheer 1st half. After halftime, parents will resume responsibility of their child. Students will be free to leave after the 2nd quarter of the game.

Newman Smith High School Cheerleading Clinic

Participant Waiver and Release Form

Bring this completed form to registration on October 24th (registration begins at 8:00 am)

I have given my son/daughter permission to participate in the Newman Smith High School Cheerleading Clinic on Saturday, October 24, 2009. I understand that although precautions will be taken to ensure the safety of my child, any injury that may occur during the cheerleading clinic or the football game on October 24th, 2008 is not the responsibility of Newman Smith High School, Newman Smith High School Cheerleading Program, the coaches, or CFB-ISD.

Signature of Parent and/or Legal Guardian

Student Name _____

Grade _____

School _____

Parent/Guardian Name _____

Address _____

City, State, Zip _____

Home/Cell Number _____

Emergency Contact Name & Number _____

Email Address _____