

**2018 PIONEER SPIRIT SQUAD CHEER CLINIC**

**ONE DAY EVENT**

**PIONEER GYM, SATURDAY AUGUST 11**

**$25 per participant**

**Each session prepares the athlete for the upcoming football seasons!**

**8am-10am K-4th graders**

-Learn the fundamentals and basic skills for cheerleading

**10:30am-12:30pm Grades 5th-8th**

 -Learn how to better engage your crowd and team, stunting clinic and preparations for high school tryout

**1pm-4pm –High School ages ONLY**

-Stunt clinic, jump session, tumbling, and preparing for college clinics and tryouts

**Questions-contact Head Spirit Coordinator Jessica Inscore** **jinscore@tusculum.edu** **423-552-0150**

**Mail to Coach Jessica Inscore P.O. Box 5164, 60 Shiloh Road, Greeneville, TN 37743**

**Participants Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WAIVER AND RELEASE**

Name of athlete\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Insurance Co.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WE, THE UNDERSIGNED, HEREBY CERTIFY THAT AS A PARENT OR GUARDIAN OF THE CAMPER, WE GIVE PERMISSION FOR THE STAFF OF THE CAMP TO SEEK MEDICAL ATTENTION FOR THE CAMPER IN THE EVENT OF AN ACCIDENT, INJURY, OR ILLNESS, AND I, THE UNDERSIGNED, WILL BE RESPONSIBLE FOR ALL COSTS INCURRED. THE UNDERSIGNED, FOR THEMSELVES, OR HEIRS, OR EXECUTORS AND ADMINISTRATORS, WAIVE, RELEASE AND FOREVER DISCHARGE TUSCULUM COLLEGE CHEERLEADING CAMP, ITS STAFF, OFFICERS, AGENTS, EMPLOYEES, AND REPRESENTATIVES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, OR ACTIONS ARISING OUT OF OR RELATED TO ANY LOSS, PERSONAL INJURY, PROPERTY DAMAGE, THAT MAY BE SUSTAINED OR OCCER DURING PARTICIPATION IN ACTIVITIES OR WHILE AT CAMP.

Signature of parent/guardian if athlete is under the age of 18\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_