



Calling All Future Cheerleaders!

CCHS Cheer Clinic

WHO?

Girls and Boys Ages 3 to 4 (Potty trained)
5 and up

WHAT?

Come and learn cheers, motions, jumps, and a dance with the CCHS CHEERLEADERS! Then, show off your new skills during the 1st quarter of the October 26th Varsity Home Game at Moorhead Stadium.

WHEN?

October 20th

3 to 4 Year Olds from 9 am - 10:30 am with Parent Showoff at 10:30 am.

5 Years old and Up from 9 am – 1 pm with Parent Showoff at 1:00 pm.

All attendees need to arrive between 8:30-9am to register or sign in.

WHERE?

CCHS Performance Gym

COST?

\$40 for 5 and up: Includes t-shirt, lunch and a photo with CCHS Cheerleader & Mascot.

\$30 for 3 to 4 year olds: Includes t-shirt, light snack and a photo with CCHS Cheerleader & Mascot.

Pre-register by Monday, October 8th to ensure your cheerleader gets a t-shirt!

Checks or money orders should be made payable to CCHS Cheer Booster and can dropped off at the Caney Creek High School front office

Attn: Coach Zimmer!

PayPal: creekcheerbooster@gmail.com (Please choose "pay a friend or family" and make sure to list your child's name, phone number and t-shirt size)

QUESTIONS: E-mail Coach Zimmer at czimmer@conroeisd.net

Become a Clinic Business Sponsor:

\$100 includes one registration & your business name on the back of our clinic t-shirt!

Inquire for more details with one of your Caney Creek High School Cheerleaders.

CCHS CHEERLEADING CLINIC REGISTRATION FORM

October 20th @ Caney Creek High School

Child name: _____

CCHS Cheerleader that told you about the clinic: _____

School Currently Attending: _____ Grade: _____ Age: _____

Address: _____

T-Shirt Size (circle one): YS YM YL AS AM AL

Parent/ Guardian Phone #: _____

Parent/ Guardian Email Address: _____

Emergency Contact:

Name: _____ Relationship: _____

Number: _____

Medical Release Form (required): I, _____, Parent/Guardian of the above mentioned child, authorize Christine Zimmer to provide permission for any emergency medical services deemed necessary for my son/daughter on October 20, 2018 & October 26, 2018. I authorize my child to participate in the cheer clinic described above. I hereby release CISD, its Board of Trustees, employees, agents, and volunteers from any claims or causes of action, including negligence, resulting from any damages or injuries to my child or his or her parents/legal guardians or family members, arising out of or resulting from my child's participation in this cheer clinic, including transportation to and from the event.

Parent/Guardian Signature: _____ Date: _____



Please fill out and return with payment to:
Caney Creek High School
Attn: Coach Zimmer
13470 FM 1485, Conroe TX 77306
Checks should be made out to CCHS Cheer Booster