



**2017 WINTER
CHEER CLINIC**

at

**AVON HIGH SCHOOL
January 11th and 12th**

FROM 6:00-8:00

with a

**PERFORMANCE AT THE
BOYS VARSITY
BASKETBALL GAME**

ON JANUARY 13TH

GRADES K-6 WELCOME

COST IS \$40

Checks payable to AHS

OR

REGISTER /PAY ONLINE

[CLICK HERE](#)

**** Visit the ACSC Flyers webpage for Registration form**
[www.avon-schools.org-flyers tab-athletic flyers](http://www.avon-schools.org-flyers-tab-athletic-flyers)– AHS CHEER CLINIC**

**FORM DUE BY JANUARY 9TH TO GURANTEE A
SHIRT&BOW!!**

New this year...

REGISTER / PAY ONLINE

OR RETURN THIS FORM AND PAYMENT TO

**Avon High School
Attn: Denise Handlon**

7575 East 150 South Avon, IN 46123

Contact Denise Handlon at dahandlon@avon-schools.org with questions.

Name: _____

Grade _____

School _____

Parent Name and contact number _____

parent email _____

Emergency number _____

SHIRT SIZE YS YM YL YXL AS AM AL

Participant Release and Waiver

I, _____ give _____

(parent/guardian printed)

(child printed)

permission to participate in the 2016 WINTER CHEER CLINIC. I agree not to hold Avon Community School Corporation or any camp staff member liable for any claim or damages due to injury or illness that occurs as a result of participating in this camp. I understand that I will be responsible for any medical or other expenses that occur from participating in this camp.

*I grant AHS cheerleading permission to utilize and display any photographs or videos from the clinic (initial ___)