

# HASBROUCK HEIGHTS HIGH SCHOOL

## CHEERLEADING CLINIC

(For grades 3 - 8)

*BE A VARSITY AVIATOR CHEERLEADER FOR THE DAY!*

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I, \_\_\_\_\_ (parent name), give permission for my child, \_\_\_\_\_ (child name), to attend and participate in the Hasbrouck Heights High School Cheerleading Clinic that takes place on Tues., Oct. 18th from 5-7 pm at Depken Field.

**Cheerleader's first and last name:** \_\_\_\_\_

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

**Age:** \_\_\_\_\_

**Emergency Contact Information:**

**Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Number:** \_\_\_\_\_

**T-shirt size** *(please circle what applies to your cheerleader)*

Youth

Adult

S

M

L

**Please return payment of \$25.00 and permission slip in an envelope to your main office before Oct. 6th, 2022.**