

HASBROUCK HEIGHTS HIGH SCHOOL

CHEERLEADING CLINIC

(For grades 3 - 8)

BE A VARSITY AVIATOR CHEERLEADER FOR THE DAY!

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 Wed., Oct. 19th 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.