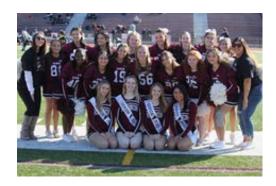
Radnor H.S. Cheerleading Valentine's Cheer Clinic

Spend the day with your Valentine while your child spends the day with the Radnor Cheerleaders on Sunday, February 13th, 2022 at Radnor H.S.



- All Kids Ages K-8th Grade
- Meet the Radnor Varsity Cheerleaders
- Learn some Radnor cheers, chants, and routine
- Have lunch with the Cheerleaders
- Receive a T-shirt of the event
- Take pictures with the cheerleaders
- Perform a routine for your family at 2:30 p.m.





When: Sunday, February 13th, 2022

Time: 10:00 a.m. – 3:00 p.m. (Check in begins at 9:30 a.m. and the routines start at 2:30 p.m.) **Location**: Radnor High School – Main Gymnasium

> 130 King of Prussia Road Wayne, Pa 19087

Attire: Please wear athletic sneakers, athletic shorts, and a mask!

Please arrive by <u>10:00 a.m</u>. – Main Entrance and we will check your participant(s) in and escort them to the main gym for a day full of *Cheerful Fun*. This is a "drop and go" style event. Please arrive by 2:30 to see the performances in the main gym!



Cost: \$30 per child and a \$5.00 discount for siblings

Walk in registration available for day of event (Cash or Check)

Please fill out the bottom portion and attached waiver and send back to <u>RadCheerleading@gmail.com</u>

Child's Name: _			
Age:	Grade:	School:	
Emergency Contact & Number:		er:	
Allergies/Medi	cal Conditions	8:	

Method of payment: ____Cash or ____Check payment due at door Please make checks payable to: Radnor Cheerleading Venmo: @Rob-Hubley our Treasurer

2022 RADNOR H.S. VALENTINE'S CHEER CLINIC

WAIVER

This waiver form must be signed by the child's parent or guardian.

<u>Statement</u>

I understand the Radnor Township School	District, its staff and employees, and the Radnor			
Cheerleaders are not responsible for any accident or injury occurring to (camper) while attending the Radnor Cheer Clinic,				
 Parent/Guardian Signature	Date			
Please list any pertinent medical informatio	on of which our staff should be aware:			
Authorization and Consent to Medical Trea	tment for a Minor Child			
I, (parent/guardian) and/or have legal custody of (child's name	, state that I am the natural parent e)			
I authorize the head coach and camp direct medical or surgical diagnosis or treatment	Tylenol Benadryl, if necessary. tor to consent to any examination, anesthetic, x-ray, and/or hospital care to be rendered to this minor pervision and on the advice of any physician or to contact me are unsuccessful.			
Parent/Guardian Name (please print)	Emergency Phone #			
Parent/Guardian Signature	Date			
Medical Insurance Policy Carrier	Policy #			
**I give consent to allow my child in video	es and photographs during the clinic.			
(Ра	arent/Guardian Signature)			

Radnor H.S. Cheerleading - 130 King of Prussia Road, Wayne, PA 19087