

# 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 13<sup>th</sup>, 2022 at Radnor H.S.



- All Kids Ages K-8<sup>th</sup> 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 13<sup>th</sup>, 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 **10:00 a.m.** – 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 [RadCheerleading@gmail.com](mailto:RadCheerleading@gmail.com)

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Emergency Contact & Number: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

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.

### Statement

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 information of which our staff should be aware:

\_\_\_\_\_  
\_\_\_\_\_

### Authorization and Consent to Medical Treatment for a Minor Child

I, (parent/guardian) \_\_\_\_\_, state that I am the natural parent and/or have legal custody of (child's name) \_\_\_\_\_.

I give permission for my child to receive: \_\_\_\_\_ Tylenol \_\_\_\_\_ Benadryl, if necessary.

I authorize the head coach and camp director to consent to any examination, anesthetic, x-ray, medical or surgical diagnosis or treatment, and/or hospital care to be rendered to this minor under the general conditions of special supervision and on the advice of any physician or surgeon licensed to practice when efforts 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 videos and photographs during the clinic.**

\_\_\_\_\_  
(Parent/Guardian Signature)

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