



*Helen Cox High School*

# **CHEERLEADING CLINIC**

## **& Performance for Middle School Teams**

Come have fun with the National Champion Helen Cox Cheerleaders as your team learns routines to perform at one of our football games!

**Tuesday–Wednesday, September 18–19, 2018**

**5:30 — 7:30 PM ~ Helen Cox HS Gym**

**Performance at our Family Night Football game vs. McDonogh 35 HS  
on Thursday, September 20**

**(all material will be posted on our website so that you can practice before the clinic)**

Wear t-shirts, shorts & cheer shoes. It doesn't matter if the team matches.

Bring poms, signs & megaphones if your team has them!

\$25 per person (includes a shirt & entry to the football game)

{cash, money order or school check}

**\*\*Each person must have a liability waiver completed & turned in at the start of the clinic\*\***

~We have mats, quality instruction & adequate supervision~

### **Direct Questions To:**

LaToya M. Bailey– Helen Cox Cheer Coach

Helen Cox High – Room A110

Phone– (504) 367-6388 ~ Fax– (504) 367-3176

Email– [mstoya2@gmail.com](mailto:mstoya2@gmail.com) or [latoya.bailey@jppss.k12.la.us](mailto:latoya.bailey@jppss.k12.la.us)

**Check us out on our website or on social media!!**

HC Cheer Website– [helencoxcheer.weebly.com](http://helencoxcheer.weebly.com)

Twitter & Instagram – @helencoxcheer

Facebook– Helen Cox Cheer

*Helen Cox High School*  
Cheerleading Camp/Workshop/Performance  
**RELEASE AND LIABILITY WAIVER FORM**

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I, \_\_\_\_\_, understand that cheerleading has an inherent danger in participation, and that in spite of all precautions and accident preventatives, injuries do occur. I understand by the very nature of the activity, cheerleading and gymnastics carry a risk of physical injury. No matter how careful the participant and coach are, how many spotters are used, or what landing surface is used, the risk cannot be eliminated. I intend to be legally bound and do, hereby, for myself, my heirs, executors, and administrators, waive, release and forever discharge all claims which may arise now or in the future which I may accrue against Jefferson Parish Public School System, Helen Cox High School and any of its employees for any and all injuries suffered by my child while attending and participating in cheerleading camp/workshop/performance activities.

In order that my child receive the necessary medical treatment in the event of an injury or illness, I hereby authorize the Coach of the Helen Cox High School Cheerleaders to obtain medical treatment for my child for such injury or illness during any event, and I hold Helen Cox High School harmless in their exercise of the authority.

To the best of my knowledge, my child does not have any diseases or injuries that would medically prohibit her/his participation in Cheerleading Camp/Workshop/Performances at Helen Cox High School.

I further certify that I have read and understood the above statements and that the information provided is truthful to the best of my knowledge.

I hereby give my consent for my child to participate in Helen Cox High School Cheerleading Camp/Workshop/Performances. I also give permission for my child's picture to be used on social media for this event.

Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_ Child's School: \_\_\_\_\_

My child suffers from the following conditions:  
\_\_\_\_\_

My child takes the following medications:  
\_\_\_\_\_

Insurance Info (Name of Insured/Number/Company)  
\_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Cell Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Emergency Contact Cell Number: \_\_\_\_\_

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Print Parent's or Guardian's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Print Child's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_