

# Obra D. Tompkins High School Cheerleading Clinic

## Saturday, August 24<sup>th</sup>



**Lindsay Loy (Varsity), Ashlyn Wagner (JV) and Courtney Carreathers (Freshman)**

**Who:** Any student interested in cheerleading ages 5-13

**Purpose and Instruction:** The purpose of this clinic is to give participants the opportunity to experience cheering at a high school level-sporting event. Participants will learn a short cheer, chant and dance.

**When and Where:** Saturday, August 24<sup>th</sup> 2019 from 9am-12pm at Tompkins High School in the 9<sup>th</sup> Grade Commons (cafeteria). **\*\*Parents please arrive at the 9<sup>th</sup> Grade Commons at 11:30 for a “show off” and bring your cameras for pictures.**

**\*\*Snack and Water will be provided\*\***

**Tuition:** \$40 mailed to OTHS by August 16<sup>th</sup>

**Registration:** Please mail the bottom part of this form and your payment to OTHS. **Cash or Checks made out to “OTHS Cheer” accepted.**

**What to Wear:** Shorts, shirts, and tennis shoes or cheer shoes. Please have long hair secured in a ponytail. Each participant will receive a clinic t-shirt.\*

**Show-Off Performance:** The participants will have the opportunity to perform at the annual Falcon Frenzy High School Pep Rally on the OTHS Football field on **August 28<sup>th</sup>**.

**Late Registration:** Registration after August 16<sup>th</sup> and walk up registration is \$50

**\*No clinic shirt guaranteed\***

**Refund Policy: There are no refunds for this event**

*If you have any questions, contact Lindsay Loy [lindsaykloy@katyisd.org](mailto:lindsaykloy@katyisd.org) or Ashlyn Wagner [ashlynewagner@katyisd.org](mailto:ashlynewagner@katyisd.org)*

**Checks made out to OTHS Cheer and mailed to OTHS: 4400 Falcon Landing Blvd, Katy, TX 77494—Attention: Lindsay Loy** (Checks must be received prior to August 16<sup>th</sup>)

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

T-Shirt Size: YS YM YL AS AM AL      E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency, call \_\_\_\_\_ Phone \_\_\_\_\_

Payment: Check # \_\_\_\_\_ Check Amt. \$ \_\_\_\_\_  
(Please note participant's phone #, TX DL #, address, and participant's name on check.)

**I give my child, \_\_\_\_\_, permission to participate in the OTHS  
(Participant's name)**

**Cheerleader Clinic. I release and hold harmless KISD and its employees and OTHS cheerleaders from any responsibility for any injuries that might occur.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_