




It's that time of year, football season.



Centennial Titan Cheerleaders are kicking off the season by putting their hands on their hips, smiles on their lips, spirit in their heart, so come join us

September 20, 2014



and help us get off to a great start!

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>“Clinic Package”</b>                                       |  | <b>“Bonus”</b>  |                           |
| <b>Who:</b>   | Kinder - 8th (boys & girls)  | All participants are invited to perform at the <b>CHS JV</b> game during halftime.  |                           |
| <b>When:</b>  | <b>September 20, 2014</b>  | <b>Date:</b>  | <b>September 24, 2014</b> |
| <b>Where:</b>   | Centennial High School<br>6901 Coit Rd., Frisco Tx 75035<br>Registration (Café) Clinic (Gym)   | <b>Location:</b>  | Centennial High School    |
| <b>Time(s):</b>   | 8:30 am - 9:50 am (Check in)<br>10:00 am - 1:30 pm (Clinic)<br>1:30 pm - 2:00 pm (Spirit pkg purchases / Parent Show Off / Top Titan Awards)           | additional details distributed @ clinic & posted (under forms tab) @ <a href="http://bit.ly/CHS-Cheer">bit.ly/CHS-Cheer</a> |                           |
| <b>Cost:</b>  | <b>\$40 per participant</b> (clinic t-shirt & lunch included)  |    |                           |
| <b>Questions:</b>   | Beverly Harmon - <a href="mailto:bbharmon@tx.rr.com">bbharmon@tx.rr.com</a> Celeste Cavin - <a href="mailto:celeste.c@live.com">celeste.c@live.com</a> |   |                           |
| *** PARENTS ***   |  |   |                           |
| <b>DON'T FORGET CAMERA'S AND VIDEO RECORDERS FOR SHOW OFF</b> |  |   |                           |

|  |   |  |
|--|---|--|
| <b>“Spirit Package”</b>  |   |  |
|  | <b>Cost: \$10 per package (cash)</b><br>(1) - Individual photo of participant<br>(1) - Team Photo of all participants w/CHS Titan Cheerleaders & Mascots<br>(1) - Titan Cheer Bow (wear w/t-shirt @ half-time performance <b>Sept. 24th</b> ) |  |
| *** AVAILABE @ CLINIC / CASH ONLY / CAN NOT BE COMBINED WITH CLINIC PAYMENT ***    |   |  |

|   |   |
|---|---|
| <b>“Pre - Registration”</b>   |   |
| Flyer available (under forms tab) @ <a href="http://bit.ly/CHS-Cheer">bit.ly/CHS-Cheer</a>        |   |
| <b>Deadline - September 17, 2014</b>  |   |
| <b>Return registration form below to</b>  | <b>Clinic Payment</b>   |
| Centennial High School<br>c/o Laura Severding<br>6901 Coit Rd., Frisco TX 75035<br>(469) 633-5600 | <a href="http://www.mypaymentsplus.com">www.mypaymentsplus.com</a><br> |

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|---|
| <b>“On Site - Registration”</b>   |
| This is <b>NOT</b> encouraged due to the number of participants and the delays. |
| If necessary<br><b>CASH ONLY</b><br>accepted for payment.                       |



|   |   |                     |                      |
|---|---|---------------------|----------------------|
| <b>Participants Name:</b> _____   | <b>Age:</b> _____                       | <b>Grade:</b> _____ | <b>School:</b> _____ |
| <b>Parent's Name:</b> _____   | <b>Emergency #:</b> (1) _____ (2) _____ |                     |                      |
| <b>T-Shirt Size:</b> YS YM YL AS (circle one)   | <b>Allergies:</b> _____                 |                     |                      |
| LIABILITY RELEASE MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN: I parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with cheer, and in consideration accepting the registrant for its clinic and activities. I hereby release, discharge, and/or otherwise indemnity, its affiliated organizations and sponsors, their employees and associated personnel, including Frisco Independent School District and/or CHS Cheerleaders, its agents, students, volunteers, servants, employees, board, and all persons, natural or corporate in privity with them against all claims by or on behalf of the registrant as a result of the registrant's participation in the cheer clinic. As the parent or legal guardian of the above named participant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent. All information provided above is true to the best of my knowledge. |   |                     |                      |
| <b>Signature:</b> _____   | <b>Date:</b> _____                      |                     |                      |