



2026 Song Winter Clinic
Hosted by Nationally Ranked
LAHS Varsity Song Team
Learn from the BEST and have a BLAST!

FOR: Any 4-8 grade Student (boys and girls)
WHAT: Learn cheers and perform a sideline at the Girls Basketball Game
WHEN: January 22 4:00pm-6:00pm, Performance at game at 7pm
WHERE: Los Alamitos High School
INCLUDES: Free LAHS Clinic T-Shirt, pom-poms, pizza dinner, and entrance into the game

Please drop off completed Registration Form, Permission Slip, and payment (check only):

6201 Ludlow Ave
Garden Grove, CA

Please write the student's name in the memo of check.

Should you have any questions, email Emily Ledterman @ ELedterman@losal.org

In person drop off December 19 until CAPACITY IS REACHED

On January 22: Meet inside the back gate of LAHS next to the dance room, Room 501. Park in the back lot. Please wear comfortable clothing and tennis shoes.

PLEASE do not drop off your child without signing in with an adult at the clinic registration table and walk them safely through the parking lot.

LAHS Song Winter Clinic Registration Form

Name: _____ Age: _____ Grade: _____

School Name: _____ Adult's email: _____

Please register my student for the 1-day clinic: \$75.00

Select size for your student's FREE clinic t-shirt:

(Circle one) YS YM YL YXL AS AM

Additional shirts may be purchased for \$20.00

(Circle size) YS YM YL YXL AS AM AL AXL

Cheer & Song Team Poster (optional - circle one) YES NO \$5.00

Donation to the US National Junior Pom Team (optional) \$_____

Total Enclosed \$_____

Spiritleader who told you about the clinic: _____

(Participants are ***not*** guaranteed to be placed with Spiritleader named above.)

Make checks payable to: **Los Alamitos Song and Cheer, Inc.**

Register Early as Space is Limited! Space is limited and registration is first come, first serve, based on receipt of Registration Form, Permission Form and Payment.

LAHS SONG WINTER CLINIC PERMISSION FORM

For attendance at the Song Winter Clinic at Los Alamitos High School AND the optional performance at the Los Alamitos Girls Basketball Game at Los Alamitos High School
Sponsored by Los Alamitos Song and Cheer, Inc.

Student's Full Name _____

Address _____

City _____ Zip _____ Phone _____

Physician _____ Phone _____

Insurance Company

Policy Number

I understand that participation in the 1-Day Song Winter Clinic and basketball game performance is **voluntary** and is **not required** as part of the regular school program. I also understand this is not a district sponsored activity and hereby release and discharge Los Alamitos Unified School District from all liability arising out of or in connection with the above described activity.

In the event of an accident or sudden illness, the sponsor has my permission to render whatever emergency medical treatment may be deemed necessary for the above-named student. The undersigned does hereby authorized the Y/S/C Advisor or Coach to act as agents for the undersigned and to consent to any x-ray, anesthetic, medical, dental, or surgical diagnostic or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon, licensed under the Provision of Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital or elsewhere.

We, the undersigned, do hereby accept full responsibility and financial liability for any such care as outlined above or for emergency rescue vehicles as may be needed. The undersigned also acknowledge that the above-named minor must have his/her own accident/medical insurance. The company and policy number must be listed above. Students will not be allowed to participate unless they have insurance.

The undersigned gives permission to publish the above named minor's picture in the newspaper or be used for publicity of this event in the future. No names will be used.

Parent Name (Please Print)

Parent/Guardian Signature

Date

Cell Phone #

Work Phone #

Email

Parent Name (Please Print)

Parent/Guardian Signature

Date

Cell Phone #

Work Phone #

Email

Emergency Contact

Relationship

Home Phone #

Cell Phone #

Work Phone #