



## 2026 Song & Cheer Clinic

Hosted by Nationally Ranked

**LAHS Varsity Cheer and Song Teams**

**Learn from the BEST and have a BLAST!**

FOR: Any TK-8 Student (boys and girls)  
WHAT: Learn cheers, sidelines, and dance routines  
WHEN: October 19, 20, 21 @ 4:00pm-5:30pm, Performance on October 23  
WHERE: Los Alamitos High School  
INCLUDES: Free LAHS Clinic T-Shirt, pom-poms, 3 days of fun learning cheers and/or dance routines and optional performance at the LAHS Varsity football game at Los Alamitos High School on Friday, October 23, 2026.

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

**Los Alamitos Song and Cheer, Inc. % Leslie Attwood**

**Los Al Unified School District Administration Office**

**10293 Bloomfield Street, Los Alamitos 90720 (7:30am-9:00am)**

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

Should you have any questions, email Coach Jennifer Ramirez @ [JRamirez@losal.org](mailto:JRamirez@losal.org)

**In person drop off Sept. 8 & 9 from 7:30am-9:00am or until CAPACITY IS REACHED**

**Each day:** 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 walking them safely through the parking lot and signing in with an adult at the registration table.**

### LAHS Song & Cheer Clinic Registration Form

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

School Name: \_\_\_\_\_ Adult's email: \_\_\_\_\_

Please register my student for the 3-day clinic: \$120.00

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

Pre-order (optional) 2026 game hair bow (Circle one) YES NO \$15.00

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

Donation to St. Jude (optional) \$ \_\_\_\_\_

Total (page 1) \$ \_\_\_\_\_

Spiritleader who told you about the clinic: \_\_\_\_\_

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

**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.

**\*\*NEW THIS YEAR!\*\***

**Optional 3 T-Shirt Pack**

Optional 3 T-Shirt Packs available for purchase. Shirts can be worn each day at the clinic, at school, or just any time! Each set contains three shirts: one red, one white, and one blue. Shirts must all be the same size and cannot be swapped out with other colors. Parents can purchase multiple sets, but they must be purchased as a set and not individual shirts. Indicate size and quantity of sets below:

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



Select size for your 3 T-Shirt pack. If purchasing multiple sets, circle the size of each set. Note: each set will all come in the same size. We cannot honor requests for multiple sizes within the same set.

(Circle one size per set)    YS    YM    YL    YXL    AS    AM    AL    **\$70 per set**

Number of sets: \_\_\_\_\_  
x \$70 each

T-Shirt Pack Total: \_\_\_\_\_

Clinic total on page 1: \_\_\_\_\_

Total with clinic and t-shirt pack:  
\$ \_\_\_\_\_

**Check only payable to:  
Los Alamitos Song and Cheer, Inc.**

Shirts will be available for pick up prior to clinic and time/location will be emailed out to the email on file for clinic. Thank you for your continued support of LAHS Song and Cheer.

## LAHS SONG & CHEER CLINIC PERMISSION FORM

For attendance at the Song & Cheer Clinic at Los Alamitos High School AND the optional performance at the Los Alamitos Varsity Football 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 3-Day Song/Cheerleading Clinic and football 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 #