



2024 Song & Cheer Clinic
 Hosted by Nationally Ranked
LAHS Varsity Cheer & Song Teams
Learn from the BEST and have a BLAST!

FOR: Any TK-8 Student (boys and girls)
WHAT: Learn Cheers, sideline, and dance routines
WHEN: October 21-22-23 @ 4:00PM-5:30PM, Performance on October 24
WHERE: Los Alamitos High School
INCLUDES: Free LAHS Clinic T-shirt, pom-poms, 3 days of fun learning cheer and/or dance routines and optional performance at the LAHS Varsity football game at Long Beach Veterans Stadium on Thursday, October 24, 2024

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

Los Alamitos Song and Cheer, Inc. c/o Ondrea Reed
Los Al Unified School District Administration Office
10293 Bloomfield Street, Los Alamitos 90720 (7:30AM-4:00PM)

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

Should you have any questions, email Coach Jennifer Ramirez @ JRamirez@losal.org

DEADLINE FOR REGISTRATION IS OCTOBER 4, 2024, or CAPACITY IS REACHED

Each day: Meet behind the LAHS Performing Arts Center (PAC) next to room 513. Please 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.

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 one) **YS** **YM** **YL** **YXL** **AS** **AM** **AL** **AXL**

Pre-order (optional) 2024 game hair bow (Circle one) **YES** **NO** \$15.00

Cheer & Song Team Poster (optional) \$5.00

Donation to St. Jude (optional) \$ _____

Total Enclosed \$ _____

Spirit Leader 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 Capacity 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 & 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 Long Beach Veterans Stadium
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 authorize 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 #