

CHEER TRYOUT CLINIC: MARCH 6TH OR MARCH 21ST

4:00PM-8:00PM 2:00PM-6:00PM

CONTACT US:
770-704-1750
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CHEERLEADING TRYOUTS ARE COMING UP SOON! BE SURE YOU ARE READY TO WOW THE JUDGES! COME TO ONE OF OUR CHEER TRYOUT CLINICS AND LEARN JUMP TECHNIQUES, VOICE TECHNIQUES, MOTION TECHNIQUES, AND A SHORT DANCE ROUTINE. AFTER YOU HAVE LEARNED ALL THAT YOU CAN, WE WILL HOLD A MOCK TRYOUT. EACH STUDENT WILL BE JUDGED AS IF IT WAS AN ACTUAL TRYOUT, BUT THE CHEERLEADERS WILL RECEIVE FEEDBACK FROM THE JUDGES! THIS WILL SURELY PREPARE ANYONE FOR THEIR TRYOUT!

PRICES:
\$35 FOR MEMBERS
\$40 FOR NONMEMBERS

SCHEDULE OF ACTIVITIES (MARCH 6TH)

MARCH 21ST ACTIVITIES WILL BE THE SAME; HOWEVER, THE CLINIC WILL START AT 2PM!

4:00PM-4:20PM
WARM-UP & STRETCH

5:50PM-6:15PM
DINNER BREAK

4:20PM-5:00PM
LEARN DANCE

6:00PM-6:30PM
JUMP TECHNIQUE

5:00PM-5:30PM
PRACTICE DANCE IN GROUPS

6:30PM-6:50PM
MOTION TECHNIQUE

5:30PM-5:50PM
VOICE TECHNIQUE

6:50PM-8:00PM
MOCK TRYOUT

(cut here)

Head Over Heels Cheer Try-Out Clinic Registration Form

Clinic Date: Mar 6th or Mar 21st
(circle date)

Parent's Name _____ Phone _____ (home/cell)

Address _____ City _____ Zip _____

Participant's Name _____ Age _____ School _____

Food Allergies/Special Needs _____

My child will be picked up by _____ Relation _____

As a legal guardian of _____ (child's name), I recognize that this cheerleading try-out clinic will involve activities involving, but not limited to, heights, motion, and rotation. Catastrophic injury, paralysis, or even death can result from participation in any physical activity. I am fully aware of the risks involved and consequently waive and forever release the company, staff, owners, agents, facility and equipment owners and other related parties from the responsibility or liabilities for deductibles, medical expenses, and/or other damages incurred by my child/children, myself, or other family members while visiting the Head Over Heels Gymnastics and Activity Center, Inc. facility or while participating in this Head Over Heels event. I authorize the staff of Head Over Heels to summon medical attention in the event of injury if the parent or guardian can not be reached.

Having read, understanding, and agreeing to the above, I give my permission for my child/children to participate in the clinic activities held at Head Over Heels Gymnastics and Activity Center, Inc.

Signature _____

Date _____