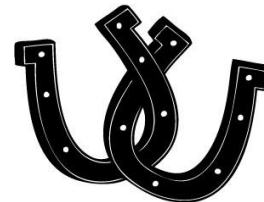




Fairfield Warde HS Cheerleading Clinic



**Come join the fun on your day off with the
2014 FCIAC Grand Champion Cheerleading Team!**

When: Tuesday, November 4th (Election Day)

Time: 9am – 3pm

Early Drop Off Available at 7:30

Where: Fairfield Woods Middle School Gym

The clinic is open to girls and boys in grades 1st through 8th.

**All participants will be invited to the Fairfield Warde home football game
Friday, November 14th at 7:00 to cheer for the first half with the
Warde Varsity Cheerleaders!!**

FWHS Cheerleaders and Coaches will be instructing the following areas:

~jumps

~motion technique

~cheer

~dance

~stunting



Pre-registration is required by Friday, October 31st.

The cost per cheerleader is \$60. Early drop off fee will be \$5.

Not for profit- All proceeds will go towards the FWHS Cheer Program.

CHSCA Insured

Participants should come dressed in athletic clothing and sneakers. No jewelry is allowed.

Please bring a water bottle/sports drink, snack, and lunch.

Parents are welcome to come watch a mini exhibition at 2:30.



To register, send the included form & payment to:

Fairfield Warde High School

Attn: Cheer Coaches

755 Melville Ave

Fairfield, CT 06825

For more details contact Coach Nicole Gomes & Coach Rachel Zajac
at wardecheerleading@gmail.com

SEND FORM & PAYMENT TO FWHS BY OCTOBER 31st.

Cheerleader Name _____

Home Address _____

School _____

Grade _____

Parent(s)/Guardian(s) Name _____

Phone Number _____ **Email** _____

Emergency Contact (aside from parent):

Name _____ **Relationship** _____

Contact Number _____

Cheerleader Allergies/Concerns _____

Registration Fees (Please select options.)

November 4th Clinic _____ \$60

November 4th Early Drop Off _____ \$5

TOTAL _____

If paying with check, please make payable to FWHS Cheerleading.

I agree that in case of an accident involving my child while attending this clinic, I release Fairfield Warde High School, its coaches and cheerleaders, from any liability. I understand every precaution will be taken to provide a safe environment and I authorize the FWHS coaching staff to act for me according to their best judgment in the event my child needs emergency medical attention.

Parent/Guardian Signature _____