



# KCHS CHEER YOUTH CLINIC



Who/Quien: All students in grades K- 8<sup>th</sup>  
Todos los estudiantes de los grados K-8<sup>th</sup>

What/Que: Participants will learn cheers and a dance.  
Participantes aprenderan porras y un baile

When/Cuando: Saturday, February 7, 2009 from 2:00 p.m. - 4:00 p.m.  
Sabado, 7 de febrero 2:00 p.m.-4:00 p.m.  
Performance/Realizacion: February 10, 2009 KCHS Gym 6:00 p.m.

Where/Donde: San Lorenzo Auditorium

How much/Cuanto: \$15.00 and free admission for participant to the game  
**(checks made payable to: KCHS cheques firmados a: KCHS)**

## Registration/Registracion

Name/nombre de nino: \_\_\_\_\_ grade/grado \_\_\_\_\_

Address/direccion: \_\_\_\_\_ phone/telefono \_\_\_\_\_

Parent/Nombre de padre: \_\_\_\_\_

In case of emergency name and number  
En caso de emergencia numero y nombre \_\_\_\_\_

## LIABILITY RELEASE/RESPONSABILIDAD CESION

I hereby release King City High School, its employees, and volunteers of any liability whatsoever in connections with any damages and/or injuries that may occur as a result of my child's participation in the program. In addition, my child has no medical disabilities that may interfere with his/her participation in the program.

Doy permiso a los King City High School, empleados, y voluntaries por cual quier cosa que pueda pasar a mi hijo/a en este porgrama. En adicion mi hijo/a no tienen problema medicos que afectaran a su participacion en el programa.

Signature/Firma \_\_\_\_\_ Date/Fecha \_\_\_\_\_

Paid (CASH/ CHECK # \_\_\_\_\_) FOR OFFICE USE ONLY PARA OFICINA SOLAMENTE