



Hoover High School Pep Team Junior Tornado Clinic (ages 5 - 13)



The Hoover High School Pep Team will be your instructors for the camp. You will learn new cheers and a half-time dance, meet new friends, and have the opportunity to perform at the Hoover Tornado Football Game!

Clinic: Wednesday & Thursday September 14 & 15

Practice Time: 3:45-5:15 pm

Location: Hoover High School Small Gym & Dance Room

Game: Friday, September 16

Participant Call Time: 4:30 pm, game time 5:00 pm

Location: Hoover High School Football Field

Please have your participant wear their hair in a high ponytail, black leggings & tennis shoes on game day. Clinic t-shirt will be given the day of the game *(Your child will be released to the person on their enrollment form after their halftime performance)*

Cost: \$30.00 per participant, cash or check made payable to Hoover HS Pep Team

Please comment "HHS Jr Tornado Clinic"

Includes: Instruction and T-Shirt. Participant admission to the game is free

Registration:

Complete the attached form & register the day of the clinic - Wednesday, September 14 - Clinic fee, \$30. **Please arrive by 3:45 p.m. Proof of medical/health insurance is required.** All transportation to/from the game is the responsibility of the parent/legal guardian.

(Tax ID: 95-6001464)

Clinic Clothing/Supplies:

1. Wear appropriate clothing for flexibility (shorts and t-shirt, no jean shorts)
2. GUSD dress code applies (no spaghetti straps or exposed midriffs will be allowed)
3. Wear sturdy athletic tennis shoes with socks
4. Wear hair tied up in a ponytail, tied back securely, etc.
5. No jewelry allowed
6. No gum or candy allowed
7. Water bottles & sunblock are strongly recommended

Please email Anita Bacon at abacon@gusd.net if you have questions regarding this event.

Participant Name _____ Age _____ Date of Birth _____

Address _____ School _____ Grade _____

City _____ Zip _____ Telephone (_____) _____

PARENT/LEGAL GUARDIAN INFORMATION

Father _____ Work Phone (_____) _____

Mother _____ Work Phone (_____) _____

E-mail address _____

MEDICAL/HEALTH INSURANCE (REQUIRED)

Note: The school district does not pay physician fees or medical expenses for any injury that may result from this activity.

Health Insurance Name _____ Policy # _____

Address _____ City _____ State _____ Zip _____

Subscriber Name _____ Subscriber SSN# _____

EMERGENCY INFORMATION

Note: If an emergency arises and parent cannot be reached or is unable to pick up participant promptly, release and/or contact: (Photo I.D. will be required to release participant to anyone other than Parent/Legal Guardian)

Name _____ Relation _____ Telephone (_____) _____

Name _____ Relation _____ Telephone (_____) _____

*Parents are encouraged to bring a lawn chair and stay during the clinic instruction. Parents are required to provide transportation and attend the game if participant cheers on the court. Parent Initial _____

PARTICIPANT MEDICAL INFORMATION

Note: Parents must inform clinic of any medication participant takes regularly (ED CODE 49480)

Medications(s) _____ Dosage _____ Date of last tetanus booster: _____

Does the participant have allergies _____ Yes _____ No Describe _____

List any previous injuries or surgeries. Give dates and area(s) involved _____

***** PLEASE SIGN ONLY ONE OF THE BELOW *****

SECTION #1

I/We hereby grant permission to the school, referred hospitals, its physicians and/or athletic trainers to render first aid or emergency treatment and all preventative or rehabilitative treatment deemed reasonably necessary to protect the health and well-being of the participant. I/We additionally grant, when deemed necessary, permission for hospitalization and emergency treatment at a competent and/or accredited facility for protection the health and well-being of this participant. I/W e further release the Glendale Unified School District, Hoover High School, referred hospitals, its physicians, and or athletic trainers, agents, servants, and employees from any liability for damage and/or injury to this participant.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ Date _____

SECTION #2

In case of emergency when authorized people (above) cannot be reached, the school personnel are neither to render nor arrange for medical treatment other than first aide.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ Date _____