









West Briar Middle School 2014-2015 Cheer Team "MINI" CHEER CLINIC and CHEER TRYOUT CLINIC

Come join the West Briar Cheerleaders for a day of Fun and Dance/Cheer on **Saturday, February 28, 2015 from 9:00 am-12:00 pm.** The camp will introduce the girls to basic cheer techniques. During the cheer clinic they will learn a routine and experience the thrill of performance. During the cheer tryout clinic they will learn the expectations of tryouts and cheer techniques. Each child will receive a T-shirt, hair ribbon, snacks and drinks. Forms must be turned into the child's school office or West Briar middle school by noon Friday, February 13, 2015.

Open to: Girls in grades K-7th

Cost: \$40, Cash or Money Order only – *non-refundable*

\$45 at the door. (Will not include T-shirt)

Date & Time: February 28, 2015~ 9:00 am – 12:00 pm

Showcase: 11:30noon – 12:00pm

Location: West Briar Middle School Gym

13733 Brimhurst Drive Houston, TX 77077

Attire: Comfortable cheer attire

Parents will be invited to attend the Showcase performance at the end of the camp as the girls show off skills and choreography learned during the clinic.

The Showcase will be held in the gym from 11:30 noon until all grade levels have

danced.



DON'T DELAY- CHEER CLINIC WILL FILL UP FAST! DEADLINE: FRIDAY - FEBRUARY 13, 2015

WEST BRIAR MIDDLE SCHOOL CHEER CLINIC **SATURDAY FEBRUARY 28, 2015 Registration Form**

(Please Print Legibly) Student's Name: (Last, First) Address: (Street, City, State, Zip) Student's Grade Level Student's Birth Date T-shirt: CIRCLE SHIRT SIZE Girls – S M L XL Adults – S M L XL Parent/Guardian Name: (Last, First) Relationship to Student: Cell Phone () Home Phone (Email address: Please enclose the following in the attached envelope and return to your school office or West Briar Middle School

office by February 13, 2015.

- \$40 Non-refundable
- Clinic registration form
- Media Release form

Please note any allergies or medical conditions that the clinic director should be aware of below:

I, the undersigned parent or guardian do hereby grant permission for my daughter ____ to attend the West Briar Cheerleader Clinic. I acknowledge, understand, and agree that in participating there is a possibility of physical injury/illness and I assume full responsibility for my daughter's participation. I further agree that HISD, Mrs. Meinke, Cheer members and chaperones, cannot be held liable in case of injury or illness during clinic. In the event of injury or illness, I hereby authorize the West Briar Cheerleader Team Clinic director to seek medical treatment for my daughter for such injury sustained during the clinic.

Parent/Guardian Signature: ______ Date: _____