Dear Students and Parents:

The Hannibal-LaGrange College Cheerleading Squad is hosting a cheerleading clinic for students K-5th grade. The clinic will be held on **February 16, from 9:00 a.m. to 12 Noon** in the Mabee Sports Complex at HLG. Registration will begin at 8:45 a.m.

The cost of the cheerleading clinic is $20. Students will receive great instruction, a t-shirt, and free admission to the February 16 games (Lady Trojan Basketball @ 2:00 p.m.; Trojan Men Basketball @ 4:00 p.m.) One person accompanying the student will receive half-priced admission for both games.

Students will learn chants, stunts, jumps, and a half-time routine. The routine will be performed that afternoon (February 16) during half-time of the Trojan men’s basketball game. The men’s game will begin at 4:00 p.m. against Columbia College. Students who wish to participate in the half-time performance will need to meet at 4:15 p.m. on the blue courts of the Mabee Sports Complex.

Please fill out the form below to reserve your spot in the clinic and return the form by February 2nd.

Please mail the form and $20 to:
Beth Sowers, HLG Cheer Coach
Hannibal-LaGrange College
2800 Palmyra Road
Hannibal, MO 63401

If you have any questions, please contact Beth at 573-221-3675, ext. 3117, or 573-629-3117.

Hope to see you at the clinic!
Beth Sowers
HLG Cheer Coach

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Student name: (Please print) ___________________________________________ Grade ______________________
Address: ____________________________________________________________ Phone #: ______________________

My child, ____________________________________________________________, has permission to participate in the HLG Cheerleading Clinic. I do release and hereby agree to hold blameless the HLG Cheer Squad and Coach from any and every claim arising, or which may be asserted by me or by a family member by reason of participation in this clinic.

**It is mandatory that your child be covered by medical insurance in order to participate in the clinic.**

In the event of an emergency, I grant permission to the college and its employees to take whatever action necessary. In the event I cannot be reached, I hereby authorize the college employees to give consent for my child to receive medical treatment.

Emergency Contact Name / Phone # ________________________________________________

Parent/Guardian name: (Please print) ____________________________________________

Parent/Guardian Signature: ____________________________________________________ Date _____/_____/_____

Insurance Provider & Policy Number: ____________________________________________

**Please circle one t-shirt size:** Youth: S M L Adult: S M L