Dear Students and Parents:

The Hannibal-LaGrange College Cheerleading Squad is hosting a cheerleading clinic for students K-6th grade. The clinic will be held on February 28, 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, each additional sibling registered will receive half-price registration fees. Students will receive great instruction, a t-shirt, and free admission to the February 28 games (Lady Trojan Basketball @ 2:00 p.m.; Trojan Men's 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 28) during half-time of the Trojan men’s basketball game. 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 16.

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

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

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