



# TCHS Cheer Clinic 2019

*Sponsored by Tampa Catholic High School  
Championship Cheerleading Program*

**When:** June 3 & 4  
**Where:** Tampa Catholic High School Cafe  
4630 North Rome Avenue  
**Times:** 9AM-2PM daily  
**Ages:** 12-15  
**Cost:** \$60.00 per participant for clinic  
**Adds:** Cheer Headband, TC Shirt, Snack  
Pack (includes 2 snacks and 1 drink per day), lunch package (pizza,  
burgers, or chicken nuggets with chips and choice of drink)

- add an additional \$15 (Headband)
- add an additional \$20 (Shirt)
- add an additional \$10 (snack package)
- add an additional \$15 (lunch package)

**Ultimate Value Package:** 2 days of Clinic, TC shirt, cheer  
headband, snack, & Lunch package- All for: \$100

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Learn High School Cheer Fundamentals (jumps, motions, cheers, chants,  
dances, stunting, etc.)

Bring a friend and prepare for your High School Tryouts!

~ Registration forms available on TC website

Contact: [tampacatholiccheerleading@gmail.com](mailto:tampacatholiccheerleading@gmail.com)

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Attendees will also be invited to perform with the TC Cheerleaders at a  
Varsity Football Game (date TBA)

Make checks payable to: Julie Manzella



## Tampa Catholic High School Cheer Clinic 2019 Registration Form

**Participant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**School** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_

**Daytime Phone/Cell#:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications Currently Taking:** \_\_\_\_\_

In the unlikely event of injury, and I cannot be reached, I hereby give my consent for my child to receive emergency medical care.

I hereby request and give permission for my child to participate in Cheer Clinic 2019. I understand and assume the risks inherent with this event and I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my child.

I, on behalf of my child named above, do hereby release, convent not to sue, and save harmless: The Most Rev. Robert Lynch, Bishop of the Diocese of St. Petersburg, Tampa Catholic High School, and the employees, agents, and volunteers for the event, from any and all claims for any and all harm arising to my child as a result of their participation in the event.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please complete this form for each participant attending Cheer Clinic 2019 and return along with payment total based on your selections below

**(MAKE CHECKS PAYABLE TO: Julie Manzella)**

**Mail to:** TC CHEER C/O Tampa Catholic High School 4630 North Rome Avenue Tampa, FL 33603

**Mark selection for your Cheerleader below:**

**T-Shirt Size** (YS 5-8, YM 10-12, YL 14-16 or AS, AM, AL, AXL) \_\_\_\_\_

**Short Size** (YS, YM, YL or AS, AM, AL, AXL) \_\_\_\_\_

**Check Option you wish to purchase:**

- **Camp Only: 60.00**
- **Add-On's:**
  - **Headband: 15.00**
  - **TC T-shirt: 20.00**
  - **Snack Package: 10.00**
  - **Lunch Package: 15.00**
- **Ultimate Value Package: 2 days of Clinic, TC shirt, Cheer Headband, snack pack, Lunch package...**
  - **All for: \$100 (Savings of \$20.00)**

Total Mailed based on above selections: \$ \_\_\_\_\_