

RAMS Cheerleading

Calling all aspiring Randolph High School Cheerleaders, **2nd to 8th grade!**
Come cheer with your RHS basketball cheerleaders on **January 31st** at the RHS
Varsity Boys' Basketball Game against **West Morris Central.**



The RHS cheerleaders and all youth participants will cheer during the game together and perform a half time routine!

PRACTICE:

- **DATE:** January 24th
- **TIME:** Check-In at 5:15 p.m.; Practice 5:30 - 8:30 p.m.
- **LOCATION:** Check-In at the Main Lobby, Practice in RHS Auxiliary Gym
- Please wear athletic clothing, sneakers, hair tied back and no jewelry

GAME:

- **DATE:** January 31st
- **TIME:** Check-In at 6 p.m.; Game 7-8:30 p.m.
- **LOCATION:** Check-In at the Main Lobby, Game in Main Gym
- Please wear your participant t-shirt and hair ribbon handed out at practice, navy/black athletic shorts and sneakers, no jewelry

The **discounted** registration **fee** for the clinic/game is **\$40 per** cheerleader if registration and payment are received by January 17th. Any registrations/payments received **AFTER** January 17th will be processed at the regular non-discounted rate of \$45. Checks should be made payable to RHSCBC.

[This Event is hosted by Coach Olivia Dunnigan and our RHS basketball cheerleaders.](#)

***Please complete the attached Registration & Permission Form, include payment, and mail to:**

Linda Long
21 Chestnut Hill Road
Randolph, NJ 07869

Questions regarding this event, please contact:

Linda Long, Sideline Vice President, RHS Cheerleading Booster Club, Inc.
ljlong@optonline.net

REGISTRATION AND PERMISSION FORM



Rising RAMS Basketball Cheerleading Clinic for Grades 2-8

PRACTICE: 1/24/20 5:30 - 8:30pm

GAME: 1/31/20 7-8:30pm

Check-in: 5:15pm in Main Lobby

Check-in: 6:00pm in Main Lobby



[Please complete and return this form by January 17th for the discounted rate of \\$40 per cheerleader.](#) A non-discounted regular rate of \$45 will apply after January 17th. **All checks payable to RHSCBC.** Cost includes practice, game, t-shirt and ribbon. T-shirts cannot be guaranteed if registering after 1/17.

Cheerleader's Name: _____ Grade: _____

Parent/Guardian Name: _____ Email: _____

Home Address: _____

Home Phone: _____ Parent's Cell Phone: _____

Insurance Company _____ Policy Number _____

Emergency Contact _____ Emergency Contact Phone # _____

T-Shirt Size (circle one): Youth Small Youth Med Youth Large Adult Small Adult Med Adult Large

Photo Release (Check one)

- I give permission for my child's picture & name to be taken at this event & released to local newspapers, etc.
 I do not give permission for my child's picture & name to be taken at this event & released to local newspapers, etc.

Anything we NEED to KNOW? Please include any pertinent information that we should know about your child to help make this the most positive experience possible.

****By signing this Registration and Permission form, I am stating that my child is in good physical health & able to participate in cheerleading.***

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as parent or legal guardian of _____, a minor, hereby grant the permission necessary to allow above minor to participate in the above Clinic to be conducted by RHS Basketball Cheerleading Coach and Cheerleaders. I acknowledge and agree, in my own behalf and on the behalf of the minor, that such participation subjects minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of the minor, acknowledge that the minor is assuming the risk of such illness or injury by participating in the Clinic. In the event of such illness or injury, I authorize RHS Coaches to obtain the necessary medical treatment for the minor and hereby, in my own behalf and on the behalf of the minor release and hold harmless the RHS Basketball Cheerleading Coach and Cheerleaders, RHSCBC, and the hosting site, Randolph High School, on whose premises the Clinic will occur. I further acknowledge and understand that I will be responsible for any and all medical bills that may be incurred on behalf of the minor for any illness or injury that the Minor may sustain during Camp.

Parent Signature: _____ Date: _____

Each cheerleader attending the Clinic MUST have the above form filled out COMPLETELY in order to participate. We will contact all participants via email in the event of inclement weather.