

STEVENSON VARSITY POM CLINIC 2020

****For students currently in Kindergarten through -11th grade****

DATE: Saturday, February 29th, 2020

TIME: 9:00am-1:00pm - Check in begins at 8:45am

LOCATION: Livonia Stevenson High School Fieldhouse

COST: \$35 per participant - Includes a light snack and event t-shirt

Come join current Stevenson Varsity Pompon Team Members and learn an upbeat and exciting Intermediate or Advanced routine.

The Stevenson Varsity Pom Clinic is a fun opportunity for girls of all ages to learn a routine either in the intermediate or advanced category. Participants will have the chance to sharpen their pom skills, learn new skills, work on their form, meet some new people, and see what Stevenson Varsity Pompon is all about!

Students participating **MUST** wear comfortable/gym type clothing with tennis shoes and have their hair pulled back. At the end of the clinic (12:45pm), participants will perform the routines learned in front of their parents and receive a t-shirt to take home. To register, please fill out the attached form and liability waiver.

IMPORTANT: Registration and payments deadline must be received on or before Friday, February 14th, 2020 to help get a headcount for the amount of girls attending the clinic. On the spot registration will be allowed for last minute availability.

Please mail registration & payment to: ****CASH will not be accepted****

Stevenson Varsity Pompon
Attention: Athletic Dept.
Stevenson High School
33500 Six Mile Road
Livonia, Michigan 48154

Contact information for questions/concerns:

Stevenson Varsity Pompon Coaching Staff

Email: stevensonvarsitypompon@gmail.com

STEVENSON POM PON SPRING CLINIC 2019 REGISTRATION FORM & LIABILITY WAIVER

If registering more than one participant, please fill out one form per participant

Participant's Name: _____ Current Grade: _____

Address: _____

Phone #: _____ Email: _____

Emergency Contact

Name/Relationship: _____

Contact Email*: _____ Phone #: _____

**Confirmation email will be sent here upon Coach receiving registration & payment by February 14th (On the spot registration is available)*

Participant Shirt Size (Please Circle One):

Child Small

Child Medium

Child Large

Child XL

Adult Small

Adult Medium

Adult Large

Adult XL

**Please let us know if the participant has any health issues or allergies, otherwise please write NONE:

I, _____, DO NOT HOLD STEVENSON HIGH SCHOOL, LIVONIA PUBLIC SCHOOLS, STEVENSON ATHLETIC DEPARTMENT, ANY SHS POM ATHLETES OR COACHES LIABLE FOR ANY INJURY THE PARTICIPANT LISTED ABOVE SHOULD INCUR WHILE PARTICIPATING IN THE SHS POM 2019 SPRING CLINIC.

Parent/Guardian Signature: _____ Date: _____

*****BELOW THIS LINE FOR STEVENSON POM COACH USE ONLY*****

Head Coach Signature: _____ Date: _____