



CTHS POMS PRE-TRYOUT CLINICS

Practice the skills and techniques needed to make a CTHS POMS Team with the CTHS POMS Coaching Staff and Senior Varsity Athletes.

Who: Incoming CTHS Freshman and Current CTHS Students interested in trying out for POMS.

When: Wednesdays, March 6-April 3, 2019 (no clinic on March 20 due to spring break)

4:00-6:00 pm

Where: CTHS Dance Room

Bring: Dance shoes (if you have them), tennis shoes, wear comfortable clothes you can move in, and water

Cost: 1 day/week for 4-week session = \$60.00

****Checks made payable to CTHS POMS****

Please direct any questions to head coach Mia Brown at mbrown61@cherrycreekschools.org.

Please detach and mail in the registration form and your payment by March 1, 2019 to:

CTHS POMS

25901 E. Arapahoe Rd.

Aurora, CO 80016

CTHS POMS Pre Tryout Clinic Registration Form

(One form per participant. Please keep top half for your information.)

Participants Name: _____

Grade/School: _____

Personal E-mail Address: _____

Parent(s)

Name(s): _____

Parent(s) E-mail Address: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Even through proper progression of training will be utilized and the safety of all participants is the highest priority, there still exists a potential for injury. Students with a history of health related concerns must supply pertinent information to the clinic staff prior to participating and should not engage in activity that is contraindicated for their condition.

By signing this document:

1. You acknowledge the potential for injury in engaging in strenuous activities.
2. You agree to disclose any existing health related concerns to the staff.

The undersigned will be contacted in case of emergency. In the event of a medical emergency, the undersigned appoints Cherokee Trail High School and/or its agents to act as guardian in my stead for purposes of authorizing medical treatment or attention without liability to Cherokee Trail High School and/or its agents, and release Cherokee Trail High School and/or its agents from any liability or suits, courses of action, claims, or other responsibility for injuries or illness incurred while at or resulting from the program. Special instruction for medical situation, etc. should be included.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT:

Signature: _____

Date: