

# DELAWARE VALLEY REGIONAL HIGH SCHOOL

**YOUTH  
NIGHT**

**DEL VAL  
CHEER**

**YOUTH  
NIGHT**

*All Rams and Jr Terriers  
Cheerleaders  
are invited to attend!*

**Friday Night - September 13th 2019**

*Cheer with the  
Del Val Cheerleaders  
at the football game!*

## **Cheer Practice (Gold Gym) - 4:30pm - 5:30pm**

The Del Val Cheerleaders and Coaches will practice cheers and jumps in the gym for the high school football game. Please wear Rams or Jr Terriers cheerleading uniform, cheer sneakers, hair tied back, no jewelry, water bottle.

## **Cheer Dinner (Cafeteria) - 5:30pm - 6:30pm**

Pizza, Drinks and Chips will be served in the cafeteria. Cheerleaders will be escorted to the football game.

## **Football Game - 7:00pm**

Cheer with the Del Val Cheerleaders at the Del Val High School football game.

## **Cheering Schedule:** (about 12 minute quarters)

1st Quarter — K-2 grade

2nd Quarter — 3-5 grade

3rd Quarter — 6-8 grade

4th Quarter — 6-8 grade

**\* Parents are responsible for their child after the quarter they cheer. They will be in the Rams/Jr Terriers section of the bleachers.**

**COST IS \$5 PER CHEERLEADER**  
Includes Pizza, Drink, Chips



Please cut and mail this registration form.

## **REGISTRATION FORM**

Delaware Valley Cheerleading | Youth Night | September 13th 2019

Name \_\_\_\_\_

Grade / Age \_\_\_\_\_

Address \_\_\_\_\_

School / Squad \_\_\_\_\_

Email \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Parent Contact \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent Phone \_\_\_\_\_

Allergies / Health Concerns \_\_\_\_\_

### **MEDICAL TREATMENT AND LIABILITY DISCLOSURE:**

I, \_\_\_\_\_ do hereby grant permission for my child \_\_\_\_\_ to participate in the Del Val Cheer Youth Night Clinic. In order that she may receive the necessary medical treatment in the event of an injury or illness, I authorize medical treatment for my child for such injury or illness and hold its representative harmless in the exercise of the authority. The undersigned releases from any liability the Delaware Valley Regional High School and Board of Education of the Delaware Valley Regional High School, the coaches of the Delaware Valley Regional High School Program, and any other employee of the Delaware Valley Regional High School, for any expenses, charges, other costs or claims for damage or injury because of his/her participation in this clinic.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please fill out the registration form and return it with payment to your Team Coach.**

**We will also accept payment at the event if needed.**

