

JHS Colorguard Clinic

At the Colorguard clinic you will receive information and an introduction to what Colorguard is.
Our goal is to plant a seed to help an interest grow for spinning flags.
This clinic is available to boys and girls grades 5th through 11th

Date: Friday, April 5th 2024 4:00 p.m. to 6:00 p.m.
Saturday, April 6th 2024 9:00 a.m. to 11:25 a.m.
Parent Show Saturday, April 6th 11:30 p.m. (estimated 10 minutes long)

Location: Jacksonville High School in the West Gym

Cost: \$25.00 (Includes Clinic and one T-shirt)

Clinic participants should wear workout or clothes easy to move in.

(Cut here and keep the top)

CLINIC REGISTRATION

Deadline: March 22, 2024

Student Name _____ Parent Cell Number _____ Grade: _____

Email: _____

Shirt Size for the Student (circle)

Youth: Small (6-8) Medium (10-12) Large (14-16)

Adult: Small Medium Large X-Large XX-Large

Additional Clinic shirts are available to purchase for \$20 each. If you are interested, please include the sizes desired and payment for the shirts with the registration fee.

Mail to: Coach Samantha Young
2077 Heitz Rd
Jacksonville, IL 62650
Email: samanthayoung92@yahoo.com

Registration Deadline:
March 22, 2024 (For guaranteed clinic T-shirt)
Payment: \$25 for clinic and a t-shirt.
Checks made out to **JAM**
Registration is non-refundable

We/I hereby release the Jacksonville School District #117 and all non-school facilities and their employees from all claims on account of injuries which may be sustained by our/my child while attending the colorguard clinic; and we/I agree to indemnify the Jacksonville School District #117 and all non-school facilities and their employees for any claim which may hereafter be presented by our/my child as a result of any such injuries. Furthermore, we/I certify that within the past year our/my child has had a physical examination and is physically able to participate in sports activities. In the event of injury, we/I hereby give consent for medical treatment and permission to the attending physician to hospitalize and secure proper treatment for that said injury. Whenever possible, one or both parents/guardians must sign this release.

Signature: _____ Date: _____

Signature: _____ Date: _____

Payment can be turned into JHS main office, please request it be placed in Sam Young's mailbox with this form.