LITTLE HAWK CHEERLEADERS

WANTED

Calling all girls and boys, second grade through High School
Interested in participating in the halftime show for the
A.D. Henderson's Annual Basketball game.
Faculty vs Faculty
(game will be played at Boca Raton Community High School's Gym)

Friday March 15th, 2013

Meeting/practice Dates are; March, 7th-8th, March 12th-14th
Practice time: 2:30-4:00pm on the court

You must be available March 15th.
Time: To Be Announced

Waiver: We are requiring all Little Hawks Cheerleader parents to sign the liability waiver or they may NOT participate.
Please return forms to the front office,
Attention: Ms. Liberty (PTO)

No Form= No Practice
All students must be picked up at 4:00pm in the second circle.
If you have any questions or concerns, please e-mail the PTO
FAUSPTOMOM@aol.com
Consent Form, Release and Understanding of Risk

We, the undersigned parents (or guardians), wish to allow our child, ____________________________ (Name of Child),

to participate in a field trip to ____________________________ (Destination)

On ____________________________ , ___________ 20 __________ from ____________________________ (time)

(day) ____________________________ (date)

We understand that the trip includes travel on a bus. We understand that our child should take care to avoid injury of any kind. Our child is physically able to participate in the activities described above.

We release, give up and waive any claim for any property loss or damage and injury, illness or death that may happen to our child, directly or indirectly, which may arise from participation of our child in the trip, and we will not hold the State of Florida, the Board of Regents, Florida Atlantic University, and the School (including any of the agents or employees of the foregoing) liable or responsible in any way for any such loss, damage or injury, illness or death. In exchange for this release and waiver, our child is being granted permission to participate in the trip. We understand the meaning of this release and waiver and we are signing it knowingly, freely, and voluntarily.

PRINT NAMES OF BOTH PARENTS (OR GUARDIANS) OF CHILD

__________________________ ____________________________

SIGNATURES OF BOTH PARENTS (OR GUARDIANS) OF CHILD

__________________________ ____________________________

Date ____________________________

A. D. Henderson School • FAU High School
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Little Hawk Cheerleading Acknowledgement Form

I _____________________ have been informed of what is expected of me to be on the Little Hawks Cheerleading Squad. I agree to attend at least one practice per week and all mandatory practices. I also agree to maintain good grades in all my classes and to abide by School Honor Code of Conduct as well as the other requirements discussed in the Little Hawk Cheerleading Acknowledgement. I understand that failure to abide by this agreement will constitute removal from the Little Hawk Cheerleader Squad.

__________________________________________  ________________
Signature of Student                        Date

Grade _____  Teacher Name _______________________

__________________________________________
Signature of Parent