

# Garces Memorial Homecoming 2018

The Garces Memorial HS Cheer Team would like to invite all Elementary and Jr. High Ram Fans to join them in cheering at the GMHS Homecoming Game against the Frontier Titans! All guest cheerleaders will cheer side by side on the track with the entire GMHS Cheer Squad until half time!

**Details!**

What: GMHS Homecoming 2018

When: September 28, 2018

Where: Sam Tobias Field Check in Begins:  
6:45pm  
(field entrance by the snack bar)  
*Don't forget!*

All girls are welcome & encouraged to join the GMHS Cheer Practice on Wednesday, September 26, 2018  
Time: 4:30pm-6:00pm  
Where: MLH @ Garces  
Check in will begin at 4:15pm.  
Pick up your GMHS swag after practice.

**LIMITED to 45 OPENINGS**

**Reserve your spot now!**

Check our Facebook for spots available updates  
[www.facebook.com/GMHSCheerleading](http://www.facebook.com/GMHSCheerleading)

**Cost**

**\$40.00 per child**

2018 Spirit Pack will include:

- GMHS Cheer Homecoming Spirit Shirt
  - A set of pom poms
  - A cheer bow
- A 1 ½ hour group practice with GMHS Cheerleaders on **Wednesday, September 26th (4:30pm-6:00pm) in MLH at Garces!** We will teach YOU some of our favorite cheers to be performed at the **BIG** game of Friday night!



**Other Items to Bring On Game Night**

- GMHS Cheer issued shirt, poms, bow
- Closed toe shoes ONLY
- Dark colored athletic bottoms

Every cheerleader that would like to participate in the Homecoming Game needs to fill out participation slip, permission slip online, along with \$40.00 non-refundable (cash/check-made out GMHS CHEER Memo should include child's name) & turn it into the Main Office @ Garces Memorial High School attn: little cheerleaders. **Please return to Garces High School no later than Thursday, September 6th due to purchasing items.** In order for your spot to be reserved, both forms must be filled out completely. Please print one permission slip per child. You will receive an email for confirmation. This is Not the online permission slip.

Cheerleader Name (Last, First Name)

Age

School

Grade

Shirt Size: YXS YS YM YL YXL (circle one)

Parent Name (on site @ the game)

Phone number

Email Address

**For Office Use Only:**  
Date Received: 09/2018 Payment received: [ ]  
CACH # Limited Space / 45  
Online Permission Slip [ ]

A VALID e-mail address must be given for the required release of liability form & to receive confirmation of your child's reserved spot in the program.

Does your daughter know a Garces Memorial HS Cheerleader? If yes, who:  
*We will do our best to pair them with one Cheerleader they know if indicated—this is not a guarantee.*

Please arrive no later than 7:10pm to the Sam Tobias Field @ Garces Memorial High School. Cheerleaders will be asked to be pick up by their parent/guardian right after the end of the 2nd quarter before 1/2 time. Garces Memorial High School Cheerleaders will be performing moments later. Please stick around to see the halftime show. You won't want to miss it. Don't forget to come be a part of the Cheerleading Clinic on September 26, 2018 from 4:30-6:00 pm at MLH @Garces High School

Parent Signature

Date

Questions? Contact Coach Brooklynn || [Bhughes@mygarces.org](mailto:Bhughes@mygarces.org) || 2018

# EVENT - YOUTH AUTHORIZATION

R20

## Diocese of Fresno and all Entities of the Diocese of Fresno: Permission for a Minor to Participate in a DOF Activity, Release of Liability, and Consent for Emergency Medical Treatment

Parent / Guardian: In order for your child to attend and/or participate in this specific event, activity, or sport listed on this form you must give your signed permission by completing this form. In addition to this form, you must also have on file at your Parish the PR22 Youth Annual Event Authorization.

NAME OF PARISH OR SCHOOL GMHS	NAME OF GROUP Garces cheer
NAME OF EVENT Future Rom cheerleaders @ Homecoming	DATE OF EVENT Clinic 9/26 + Homecoming 9/28

### OFF CAMPUS FIELD TRIP INFORMATION

DESTINATION OF FIELD TRIP MLH + Football field @ GHS	CITY / STATE LOCATION Bakersfield CA
MODE OF TRANSPORTATION Parent	FEE (IF APPLICABLE) Yes! see handout
DEPARTURE DATE AND TIME Clinic: 4:30 HC Night: 7:10 pm	ESTIMATED RETURN DATE AND TIME Clinic: 6:00pm HC Night: 5 mins before 1/2 time
	FORM MUST BE RETURNED BY phurto 9/26

My child is physically fit and capable of participating in this activity and/or event. I have informed my child to follow the rules, guidelines, and instructions of the DOF Entity and its personnel, as well as the adult leadership of this activity. I understand that participation in this activity involves some risk (including any travel to and from this activity) and that unforeseen occurrences can arise. I am informed and agree that transportation, if involved, may be provided by volunteers, parents, private individuals, or commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the Diocese.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against DOF. I release and discharge DOF from all liability or responsibility for death, illness, personal injury, or property damage arising out of this activity and any transportation involved with this activity.

This permission, waiver, release, and consent applies to the named DOF entity, including, but not limited to the parish; the Diocese of Fresno Education Corporation; the Roman Catholic Bishop of Fresno (a corporate sole); the Diocese of Fresno; other Fresno Diocesan Parishes and schools; affiliated organizations and officers; clergy; agents; and employees.

### PARTICIPANT AND PARENT/GUARDIAN AUTHORIZATION

As the parent and/or legal guardian of the named child, I give my permission and consent and agree to all of the foregoing. In the event of an emergency and if the DOF entity is unable to contact me, I authorize the DOF personal or other adult leadership of this event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. A copy or digital image of this form shall be valid as the original and may be given to the adult leader of the activity.

**This section must BE FILED out to participate.**

PRINT NAME OF PARTICIPANT	
PRINT NAME OF PARENT / GUARDIAN	
SIGNATURE OF PARENT / GUARDIAN	DATE
HOME PHONE NUMBER	
CELLULAR NUMBER	
OTHER	

### MEDICAL INFORMATION

DOCTOR'S NAME OR MEDICAL GROUP
DOCTOR'S TELEPHONE
INSURANCE COMPANY
INS. POLICY NUMBER
<input type="checkbox"/> No Family Physician Listed
DATE RECEIVED AND BY