



# 2nd Annual Slaughter Girl Youth Pom Camp



Join the Slaughter Girl Cheerleaders for a **ONE DAY POM CLINIC & an opportunity to perform at half-time of a Chicago Slaughter Professional Indoor Football Game at the Sears Centre Arena.**

- When:** Saturday, April 12, 2008
- Where:** Finish Strong Sportsplex  
551 W. Roosevelt Rd. West Chicago, IL 60185
- What:** A dance routine will be taught incorporating dance & cheer skills.
- Registration:** 9 AM
- Clinic Time:** 9:30 AM—1:30 PM
- Cost:** \$30.00 (\$35.00 after April 1st)

**Includes the following:**

- A Jr. Slaughter Girl t-shirt
- Set of Jr. Slaughter Girl Poms
- 2 tickets to the April 19th Chicago Slaughter home game, where the girls will be invited to perform the routine at half-time of the game.

**For more information contact Colleen Collins at 630-664-8865 or email at colleenc@chicagoslaughter.com**



[www.chicagoslaughter.com](http://www.chicagoslaughter.com)

Sponsored by:



Participant's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: Youth \_\_\_\_\_ OR Adult \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Where does the participant currently attend school? \_\_\_\_\_

As a parent/legal guardian of the above named child, I do hereby approve participation in the activities of the Chicago Slaughter Cheerleaders for the 2008 season. Should my child become injured as a result of participation, I do hereby waive and hold harmless any and all claims against the Chicago Slaughter or CIFL; coaches, directors, officers, affiliate and owners, and Finish Strong Sportsplex. I affirm that my child is healthy and in good physical condition as is required for cheerleading/poms. I understand that the Chicago Slaughter Professional Indoor Football Team or Chicago Slaughter Cheerleaders do not carry health or medical insurance on the participants and that my family has adequate medical insurance to cover my child should treatment be required. I appoint the Chicago Slaughter Cheerleaders staff directors and coaches as my attorney to act on my behalf for the purpose of obtaining medical emergency treatment for the above named child. This power of attorney shall only be valid April 12th and April 19th, 2008.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name/ Phone Number: \_\_\_\_\_/\_\_\_\_\_

Method of payment: Credit Card # \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_ **Make checks payable to:**

Chicago Slaughter Professional Indoor Football Team  
1055 W. Golf Rd, Hoffman Estates, IL 60169  
847-310-3190  
[www.chicagoslaughter.com](http://www.chicagoslaughter.com)