South Ripley High School Champions Together Event

Basketball Workshop

South Ripley High School Champions Together JV & Varsity girls' & boys' Raider basketball members will be offering a basketball workshop on **Saturday, April 8** for any Special Education student and/or Special Olympic school age athlete (from grade 3 to age 22). Registration begins at 8:30 am. The workshop will take place in the high school gym from 9:00 am. until 11:30 am. Please return registration form to Brenda Strimple **by Friday, February 24.**

South Ripley High School, 1589 South Benham Rd, Versailles, IN 47042 Phone 812-689-5303 ext. 211 (Brenda Strimple) Fax 812-689-4628 bstrimple@sripley.k12.in.us

| * No registra | | | • | | | | | |
|------------------------------|----------------|---|-----------------|---------|---------------|---------------------|-------------------|--|
| * Student/Ath | ilete mus | t have a | parent/g | juardia | n signed reg | istration form | to participate.* | |
| | | | | | | | | |
| Name: | | VIII-1111111111111111111111111111111111 | | _ Grad | de/Age: | | | |
| Mailing Addr | ess: | | | | | | | |
| Parent/Guardian: | | | HomePhone/Cell: | | | | | |
| Email: | | | | | | | | |
| <u>T-shirt size</u> : | Youth- | Smal | I (6-8) | Med | ium (10-12) | Large (14- | -16) | |
| | Adult- | Small | Medi | um | Large | XLarge | XXLarge | |
| Basketball V | <u>Vorksho</u> | <u>p</u> | | | | | | |
| Waiver of Re | elease | - | | | | | | |
| I hereby auth | orize the | director | (s) of the | Cham | pions Togeth | ner Event to a | ct for me | |
| according to | his or he | r best jud | Igment i | n any e | emergency re | equiring medic | cal attention and | |
| I release the | worksho | p, the dir | ector(s), | and S | outh Ripley o | of all liability fo | or any illness or | |
| injury at the v | vorkshop | . Parent | s are re | sponsil | ole for any m | edical costs a | and insurance. | |
| Signature of Parent/Guardian | | | | | | Date | | |

South Ripley High School Champions Together Event

Cheerleader Workshop

South Ripley High School Champions Together JV & Varsity Cheerleaders will be offering a cheerleader workshop on **Saturday**, **April 8** for any Special Education student and/or Special Olympic school age athlete (from grade 3 to age 22). Registration begins at 8:30 am. The workshop will take place in the junior high gym from 9:00 am. until 11:30 am. Please return registration form to Brenda Strimple **by Friday**, **February 24**.

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| * No registration allowed on the day | of the event.* | | | | | | |
|---|--|--|--|--|--|--|--|
| * Student/Athlete must have a parent/guardian signed registration form to participate.* | | | | | | | |
| | taught: arm motions, dance, cheer, chants, and | | | | | | |
| jumps. | | | | | | | |
| - - | | | | | | | |
| | | | | | | | |
| Name: | Grade/Age: | | | | | | |
| | | | | | | | |
| Mailing Address: | | | | | | | |
| | | | | | | | |
| Parent/Guardian: | HomePhone/Cell: | | | | | | |
| Email: | | | | | | | |
| | | | | | | | |
| T-shirt size: Youth- Small (6-8) | Medium (10-12) Large (14-16) | | | | | | |
| , , | ledium Large XLarge XXLarge | | | | | | |

Cheerleader Workshop

Waiver of Release

I hereby authorize the director(s) of the Champions Together Event to act for me according to his or her best judgment in any emergency requiring medical attention and I release the workshop, the director(s), and South Ripley of all liability for any illness or injury at the workshop. Parents are responsible for any medical costs and insurance.

| | • | | |
|--------------------|------------|-------|--|
| Signature of Paren | t/Guardian | Date: | |
| | | | |