

✦ 2019 FALL CHEER CLINIC ✦

YUMA CATHOLIC CHEER TEAM

What's included?

2+ hours instructional clinic with our Cheer Team. Participants will be taught cheer motions, jumps, basic stunting, chant, and dance to be performed during the halftime of a YC Varsity football game!

What else?

Each participant will receive a clinic t-shirt, a snack pack at the clinic and a gift from our team.

Who can participate?

Any child ages 5-14 years old (8th grade).

When?

Clinic: Saturday, September 7, 2019 from 9:00-11:30 AM

Performance: Friday, September 13, 2019 at halftime (kickoff at 7 PM)

Cost and deadline?

\$35 by August 21, 2019.

Please note: shirt sizes will be **limited**. The sooner you submit your paid registration, the more likely you are to get the desired shirt size.

Cheer bows are available for additional \$15.

What if you miss the deadline?

We will welcome participants up until clinic morning; however, please understand, we may not have a shirt and/or bow for late registrations.

What to wear to clinic?

Clothes that allow movement and tennis/running shoes. Hair pulled away from face. No jewelry. No fake nails.

Please mail or deliver registration forms to:

Yuma Catholic High School
Attn: Coach Priest (Cheer)
2100 West 28th Street
Yuma, Arizona 85364

Checks made payable to:

Yuma Catholic High School
(Memo: Cheer)

Clinic Day Agenda:

8:30-8:50 AM Check-in at the YC gym (front west entrance)

9:00 Clinic begins!

11:15 Parents invited to watch participant showcase & snap pictures.

11:30 Participants dismissed.

Performance:

Friday, September 13, 2019 at halftime (kickoff at 7 PM)

Performers asked to wear solid colored shorts with clinic shirt, bow (if purchased), and tennis/running shoes.

Cost to enter football game is **not** included and will not be waived at the gate entrance.

Performers are dismissed after performance.

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Please fill out the form below and return, with payment, to secure your spot!

Child's Name: _____

Child's Age/Grade/School: _____ / _____ / _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Phone: _____

Parent's/Guardian's E-mail: _____

Mailing Address: _____

_____ Zip Code: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Allergies / Medical Concerns: _____

In consideration of the opportunity to participate in the cheerleading activities, I, on behalf of my child, agree to release, indemnify, and hold harmless YCHS employees, coaches, cheerleaders, and volunteers from any and all responsibilities of liability for personal injury that may occur while my child is engaged in the physical activities or otherwise participation of the 2019 Fall Cheer Clinic presented by the YCHS Cheer Team.

Parent Signature: _____ Date: _____

T-Shirt Size (please select one size)

_____ Youth Small

_____ Adult Small

_____ Youth Medium

_____ Adult Medium

_____ Youth Large

_____ Adult Large

_____ Youth Extra Large

Bow

_____ I would like to purchase a bow and payment is enclosed.

_____ I would not like to purchase a bow this time.