

27TH ANNUAL PRAIRIE CHEERLEADING CLINIC

Questions – Contacts

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Learn cheers and work with the Prairie Cheerleaders.
Perform at the opening football game on **Friday, Sept. 27th**

Clinics will be held at your child's building
Thursday, Sept 26th @3:45 – 5:30 pm

****It is the responsibility
of the parent/guardian to
either send a note or
contact your child's school
the day of their clinic to let
their building know they
will be attending the clinic
after school.

View Clinic @View Ridge Clinic @Ridge Heights Clinic @Heights Crest Clinic @Crest

Clinic Date Thursday, September 26th
Clinic Time: 3:45 pm – 5:30 pm
Attire: Shorts, t-shirt, and tennis shoes

Clinic Site Grassy area by your student's building
Rain Site: Your student's gym
Parent/Guardian, pick up time: 5:30 pm

CLINIC INFORMATION and DATE: Thursday, September 26th

COST: \$25 per participant, make check payable to: **C.R. Prairie Cheerleaders**
(cost includes: T-shirt, clinic, snack, and clinic participant's admission into football game)

DEADLINE: Forms and payments are due back to your child's school office by: **Monday, September 23rd**
Or you can mail your forms and payments in ahead of time to: **C.R. Prairie High School**
Jackie Fossum
401-76th Avenue SW
Cedar Rapids, IA 52404
If you are mailing your form, please make sure it will be received before deadline, **Sept. 23rd**.

PICTURES: Your child will have the opportunity to have their picture taken in a Prairie cheerleading uniform.
Please fill out the attached form and return it with your registration form. Separate check required for pictures: Make your check payable to: Read Photography and staple it to the Read Photo form.

PERFORMANCE INFORMATION and DATE: Friday, September 27th Football Game

GAME NIGHT: There will be 2 performances, one for K-1; and one for 2-4
K-1 will perform at the half-time of the sophomore game
2-4 will perform before the varsity game
With our numbers growing, we feel this would be a safer environment for the students.

K—1st PERFORMANCE INFORMATION:

ARRIVAL TIME: Please arrive by 5:15 pm
SITE: High School tennis courts (we will have chaperones there to help out)
PERFORMANCE TIME: They will perform during half-time of the soph game, approx 6:00
PICK UP: All participants will be escorted back to the courts, for the safety of the participants, no exceptions.

2nd-4th PERFORMANCE INFORMATION:

ARRIVAL TIME: Please arrive by 6:15 pm
SITE: High School tennis courts (we will have chaperones there to help out)
PERFORMANCE TIME: They will perform prior to the varsity game, approx 7:00
PICK UP: All participants will be escorted back to the courts, for the safety of the participants, no exceptions.

REGISTRATION FORM FOR CHEERLEADING CLINIC

Return this form along with payment to your school office by September 23rd, or mail to Jackie Fossum
\$25 - Make checks payable to C.R. Prairie Cheerleaders. Thank you

Please complete each line within the box, thank you:

Child's Name: _____

School (circle one): VIEW RIDGE HEIGHTS CREST

Circle Grade: K 1 2 3 4

Teacher: _____

T-Shirt size (circle one): YS YM YL AS AM AL

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Emergency Contact: _____ Phone _____

Who will be picking up your child at Clinic: _____

Who will be picking up your child at Performance: _____

MEDICAL RELEASE FORM (Must be signed)

I, the undersigned parent or guardian, do hereby grant permission for my child, whose name is and here is after shall be referred to as "participant", to participate in the cheerleading clinic. In order that participant may receive necessary medical treatment in the event of injury or illness, I hereby hold the Clinic Directors and its representatives harmless in the exercise of the authority. I further acknowledge and understand and agree that in taking part in this clinic possibility of physical illness or injury (minimal, serious, or catastrophic) and the participant is assuming the risk of such injury by participating. I further agree to hold harmless the College Community School District, including its directors, officers, staff, volunteers and employees of the College Community which conduct the clinic, for illness or injury incurred by participant during the course of the clinic.

Parent/Guardian Signature: _____ Date: _____

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There will be some items for sale at the clinic.

T-shirts \$5.00 Shorts \$5.00 Hair Bows- \$3.00 Tattoos- \$1.00

READ PHOTOGRAPHY

www.readphotography.com

C.R. Prairie Cheerleading Clinic

Name: _____

School (Circle One): VIEW RIDGE HEIGHTS CREST

Make checks payable to Read Photography. Payment must be included with this form.

Thank you

Package 1 \$10.00

2 – 5x7

4 – Wallets

Package 2 \$15.00

1 – 8x10

8 – Wallets

Package 3 \$20.00

1 – 8x10

2 – 5x7

8 – Wallets

Ala Carte

1 – 8x10 individual	\$10.00	x	_____ =	\$ _____
2 – 5x7 individual	\$10.00	x	_____ =	\$ _____
2 – 4x5 individual	\$ 6.00	x	_____ =	\$ _____
8 – Wallets	\$10.00	x	_____ =	\$ _____
1 – 3" Button	\$ 6.00	x	_____ =	\$ _____

TOTAL AMOUNT ENCLOSED \$ _____

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