



# 5<sup>th</sup> and 6<sup>th</sup> Grade Cheer Clinic 2014 Perform at a Prairie Varsity Basketball Game!

The Prairie Varsity Basketball & Wrestling Cheerleaders invite all 5<sup>th</sup> and 6<sup>th</sup> grade Creek students to participate in a cheer clinic with a performance at halftime of the Varsity Girls Basketball game! Participants will learn a cheer, a stunt, and a cheer dance.

#### Clinic Dates:

- Practice location: Prairie Creek Gym
- Tuesday, January 28<sup>th</sup> 3:00pm 5:00pm
- Wednesday, January 29<sup>th</sup> 3:00pm 5:00pm

All participants can stay after school and will be supervised from 2:45pm until practice starts at 3:00pm. We will provide a snack and water.

Please come inside to the gym to pick up your child at 5:00pm.

#### **Clinic Attire:**

- Comfortable clothing
- Tennis shoes
- No jewelry

### **Performance Details:**

- Friday, January 31<sup>st</sup> during Varsity Girls Basketball game halftime
- Arrive at 7:30pm (start of the game)
- Meet in the North Gym at Prairie High School

The participants will receive a T-shirt, a Prairie Cheerleading Poster, and free admission to the basketball game. Parents and others wanting to watch the performance will need to purchase tickets.

After the performance, participants will go directly to the North Gym and be available for pick up. Stick around until the end of the game and the Prairie Cheerleaders will be **autographing the posters** you will receive at the clinic!!

#### **Performance Attire:**

- Wear Clinic T-Shirt
- Black Shorts/Sweats/Leggings
- Tennis shoes
- No jewelry

#### Clinic Fee:

• \$25 per student (make check payable to Prairie Cheerleading)

#### Fee includes:

- Clinic T-Shirt
- Prairie Cheerleading Poster (signed by the cheerleaders)
- Clinic instruction
- Admission to the basketball game the night of the performance (participant only)

## Thank you for your support of the Prairie Cheerleaders!!! We look forward to passing on our love for cheer and our love for the Prairie Hawks!

For further questions please contact: Liz Gaiffe **Lindsey Meier** Head Varsity Basketball Cheerleading Coach Asst. Varsity Basketball Cheerleading Coach lgaiffe@prairiepride.org Imeier@prairiepride.org \*\*\*Detach below and turn in to Creek Office before Wednesday, January 22<sup>nd</sup>\*\*\* Child's Name:\_\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Parent/Guardian: Emergency Contact: \_\_\_\_\_\_Phone #:\_\_ Youth: S / M / L / XL Adult: S / M / L Shirt Size (circle): Allergies/Special Accommodations: Medical Release Form 1. 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 clinic. In order that participant may receive necessary medical treatment in the event of injury or illness, I hereby hold the Clinic Director and its representatives harmless in the exercise of the authority. 2. 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. 3. I further agree to hold harmless the College Community School District, including its directors, officers, staff and employees of the College Community which conduct the clinic, for illness or injury incurred by participant during the course of the clinic. Participant Signature\_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_\_