

Questions - Contact Emails

Hill – Lindsey Meier
lmeier@prairiepride.org

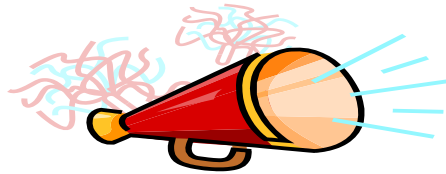
Crest – Amber Suthers
asuthers@prairiepride.org

View - Liz Gaiffe
lgaiffe@prairiepride.org

Heights – Skye Kelley
Skye.campise@gmail.com

Ridge – Kate Palmer
Kpalmer2013@gmail.com

PRAIRIE CHEERLEADING CLINIC



Learn cheers and work with the Prairie Cheerleaders.
Perform at the football game on **Friday, October 10th**

Clinics will be held at your child's building
Wednesday, October 8th @ 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.**

Each elementary school will have a clinic (View, Hill, Crest, Ridge, Heights):

Clinic Date: Wednesday, October 8th
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: **Wednesday, October 8th**

COST: \$30 per participant, make check payable to: **C.R. Prairie Cheerleaders**
cost includes: Clinic, T-shirt, poms, tattoo, 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 29th**

PICTURES: Your child will have the opportunity to have their picture taken.
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, October 10th - 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.

No refunds will be given. If your child cannot attend the clinic or performance, they will still receive their shirt, poms, and tattoo.

REGISTRATION FORM FOR CHEERLEADING CLINIC

Return this form along with payment to your school office by September 29th

\$30 - Make checks payable to C.R. Prairie Cheerleaders. Thank you

Please complete each line within the box:

Child's Name: _____

School (circle one): VIEW RIDGE HEIGHTS CREST HILL

Circle Grade: K 1 2 3 4

Teacher: _____

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

Name on T-Shirt _____

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: _____

DEADLINE: Forms and payment are due back to your child's school office by: **Monday, September 29th**

READ PHOTOGRAPHY

www.readphotography.com

C.R. Prairie Cheerleading Clinic

Students Name _____

Phone _____

School _____

Sport Cheerleading Clinic

All photographs taken by Read Photography are protected by Copyright Law. It is illegal to reproduce or scan any of our photographs.

*****Make checks payable to READ PHOTOGRAPHY.**

Payment must be enclosed in order to print the order. Thank You.

Package 1 \$12.00

2-5x7

4 wallets

Package 2 \$17.00

1-8x10

8 wallets

Package 3 \$22.00

1-8x10

2-5x7

8 wallets

Ala Carte

Quantity Total

1 - 8x10 individual \$12.00 x _____ = \$ _____

2 - 5x7 individual \$12.00 x _____ = \$ _____

2 - 4x5 individual \$ 8.00 x _____ = \$ _____

8 wallets \$12.00 x _____ = \$ _____

1 - 3" Button \$ 7.00 x _____ = \$ _____

Total Amount Enclosed \$ _____

08/14