

CLARKE COLLEGE CHEER AND DANCE CLINIC OPEN TO GRADES K-5

WHAT TO EXPECT

PARTICIPANTS WILL BE SPLIT INTO 3 LEVELS BASED ON GRADE. EACH LEVEL WILL LEARN:

- CHEERLEADING AND DANCE TECHNIQUE THAT IS AGE APPROPRIATE
- A CHEER CREATED BY THE CLARKE COLLEGE SPIRIT SQUAD
- A DANCE CREATED BY THE CLARKE COLLEGE SPIRIT SQUAD

CLINIC PARTICIPANTS WILL BE PERFORMING THEIR NEW ROUTINES FOR FAMILY AND FRIENDS.

CLINIC DATE AND TIME

March 13, 2010

Registration is from 11:30 a.m. - Noon

Clinic runs from Noon-3 p.m.

Free performance at 3 p.m. for family and friends

COST

Clinic Fee \$25 (includes a t-shirt)

Please make checks payable to Clarke College Spirit Squad

CLINIC LOCATION

Robert and Ruth Kehl Center
Clarke College

ADDITIONAL INFORMATION

For additional information please contact Julie Weires at (563) 588-8176 or julie.weires@clarke.edu

REGISTER TODAY!

Registrations will be taken up to the day of the clinic. To ensure that your child has a t-shirt for the clinic, registration and payment must be received by

Friday, March 5, 2009

Complete the Camp Registration Form and mail along with your \$25 (payable to Clarke College Spirit Squad) to:

Julie Weires
Spirit Squad Coach - Clarke College
1550 Clarke Drive
Dubuque, IA 52001



www.clarkecrusaders.com

PLEASE COMPLETE AND RETURN THIS PORTION WITH FULL PAYMENT.

CRUSADERS CHEER AND DANCE CLINIC REGISTRATION FORM

Camper's Name _____ Age _____

School _____ Grade _____

Home Address _____

City _____

State _____ Zip _____

Home Phone (_____) _____

Guardian's Name _____

Guardian's Cell Phone (_____) _____

Guardian's Name _____

Guardian's Cell Phone (_____) _____

Guardian's E-mail _____

T-shirt Size: (circle one) Youth YS YM YL Adult AS AM AL AXL

HOLD HARMLESS AND HEALTH INFORMATION

Neither Clarke College nor the Clarke College Cheer and Dance Clinic carries medical insurance for injuries sustained by participants. Therefore, the person responsible for participant should review his/her own health insurance policy for coverage. The absence of health insurance coverage does not make Clarke College or the Cheer and Dance Clinic responsible for payment of medical expenses. As a parent/guardian/participant, I agree to assume the full risk and fully release and discharge members of the Clarke community, its directors, officers, trustees, agents, servants and employees for any injuries, including death, damages, or loss regardless of severity, which I or my child/ward may sustain as a result of any Cheer and Dance Clinic activity. I agree to waive and relinquish all claims my child/ward or I may have as a result of participating in the Clarke College Cheer and Dance Clinic against Clarke College and its directors, officers, trustees, agents, servants and employees, as well as to indemnify and hold harmless the aforementioned. In the event of an emergency, I authorize Clarke College Cheer and Dance Clinic officials to secure treatment from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care, and medical services required.

I have fully read and understand the above, and all information supplied by me is accurate and current to the best of my knowledge.

Date: _____ / _____ / _____

Participant's Name: _____

Birth date: _____ / _____ / _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Allergies: _____

Necessary Medical Information: _____

Medical Insurance Company: _____

Policy Number: _____

Dubuque Doctor/Hospital Preference: _____

If Parent/Guardian is unavailable, in the event of emergency, please contact:
Name: _____

Relationship: _____

Phone Number: _____

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