

Please join the Poland Seminary High School Cheerleaders for a ONE-DAY YOUTH CHEER CLINIC!



Who: All girls in grades 1 – 6 currently enrolled in Poland Schools
no prior cheerleading experience needed

When: Sunday, February 3rd 10am – 1pm
please arrive between 9:30-9:45am for registration

Where: Poland High School Phys Ed Gym
enter doors (west side of high school) near auditorium

Cost: \$35 per participant (check made payable to Poland All Sports Boosters)
family discount... \$25 for each additional sibling after the first

Registration: Register online by clicking the “Community Cheer Clinic” link on the Poland Schools district homepage – www.polandbulldogs.com
fill in the Google form with all required information and submit

Deadline: Online registration must be submitted no later than Wednesday, January 23rd

Come join us for a day of cheerleading spirit and fun! This clinic will teach and build upon fundamental cheerleading skills such as proper stretching, jumps, kicks, motion placement and cheers. 6th grade participants may take part a tryout-prep class to help prepare for 7th grade cheer tryouts. There will also be fun games and activities! Clinic activities will be led by PSHS Cheerleaders and will be supervised by Poland Schools licensed cheerleading coaches. All participants will receive a t-shirt.

Clinic participants are invited to perform a cheer during halftime of the PSHS varsity home game on Friday, February 8th! Participants will get in to the game for free; clinic t-shirt must be worn.

Participants should wear comfortable athletic clothing and tennis shoes for the clinic and should bring water to drink.

Participants must bring the registration portion of this form with check (payable to Poland All Sports Boosters) or cash to the registration table on the morning of the event, between 9:30 and 9:45am.

If you have any questions or registration issues, please email Julie Rinehart at jrinehart@polandschools.org

CHEER CLINIC REGISTRATION AND WAIVER FORM

Participant Name _____

Address _____ Grade _____

Best Phone Number _____ Parent Cell _____

Phone _____

Parent/Guardian Name _____

Signature of Parent/Guardian _____

Family Doctor Name _____ Phone Number _____

*Parent signature on this form acknowledges that Poland Local Schools, Poland All Sports Boosters, cheer coaches and cheerleaders assume no responsibility for accidents or expenses resulting from participation in the clinic.