



CHEERLEADING

2017 YOUTH CHEER CLINIC

When: Saturday, January 21, 2017

Where: McKendree University's Melvin Price Convocation Center

Time: 9:00am to 12:00pm for K-5th

9:00am to 2:00pm for 6th-8th

Registration begins: 8:30am

Cost: \$30

The McKendree University is hosting a cheerleading clinic for anyone in Kindergarten through 8th grade. They will be instructed by the McKendree Cheerleaders on motions, jumps, & will learn one cheer and dance they will perform later that day at the McKendree basketball games. Any participant in 6th through 8th grade will stay later to learn stunts & will need to bring a lunch!

K-5th will perform at halftime of the women's basketball game, which begins at 1:00pm. 6th-8th grade will perform at halftime of the men's basketball game, which begins at 3:00pm.

The cost includes a fun-filled day with the McKendree Cheerleaders, a t-shirt, & participant certificate. We will accept late-registrations starting at 8:30am the day of the event but...

→ **pre-registration is required by January 10, 2017 to receive a t-shirt** ←
(The cost will remain the same with or without shirt)

Any questions, please contact: Head Coach Bob Oeth

Office: (618) 537-6409

Cell: (812) 708-0113

broeth@mckendree.edu



YOUTH CHEER CLINIC REGISTRATION FORMS

Child's Name: _____

Age: _____ Grade: _____ School: _____

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

Please list any injuries or medical conditions: _____

PARENT/LEGAL GUARDIAN INFORMATION

Name: _____

Home #: _____ Work/Cell #: _____

Emergency Contact name: _____ Phone #: _____

CONSENT & LIABILITY WAIVER

By signing below, I give my permission for my child to participate in the McKendree University Youth Cheer Clinic. I am aware that since this is a voluntary program, I will not hold the University, staff members, or cheer team members liable for any accidental injury which may occur during practice, performance, and/or travel to and from the event. In case of a medical emergency, I do give consent for my child to be treated at the nearest emergency room. I am aware that no refunds will be given in the case that my child does not participate.

Parent/Guardian Signature: _____ Date: _____

MAIL COMPLETED REGISTRATION FORM AND PAYMENT TO:

McKendree University Cheerleading
701 College Rd.
Lebanon, IL 62254

Checks made payable to "McKendree University Cheerleading"