

CHEERLEADING CLINIC Saturday, January 31, 2015 12:00p.m.-2:15p.m. Lunch on your own. PERFORMANCE at HALFTIME ONU vs. John Carroll Basketball Game Game Starts at 3 p.m. \$20 per participant Optional: \$10 Orange/Black Cheer Bow Optional: \$20 Black/Silver & Orange/Silver Pair of Poms

Thanks for supporting Ohio Northern University Cheerleading!! Go Bears!! Join the Ohio Northern Cheerleaders and Coaches for a

CHEERLEADING CLINIC

ANYONE is encouraged to join us! Clinic is for ladies and gentlemen! <u>Kindergarten thru Grade 12</u> *We will divide participants into mini-squads by age!*

Saturday, January 31, 2015 12 – 2:15 p.m.

11:45 a.m. Arrival/Check-In at King Horn Center 12 p.m. Warm-Up 2:15 p.m. Participant Pick-Up at King Horn 2:50 p.m. Arrive at King Horn Gym Approx. 3:40 p.m. PERFORMANCE at HALF TIME ONLY of ONU vs. Mount Union Game King Horn on the Joe and Margaret Campoli Court

We will divide participants into mini-squads by age! Students with PREVIOUS STUNTING & TUMBLING experience will be placed into an appropriate mini-squad (not necessarily by age) by the ONU coaches after an assessment has been made/

You will learn proper motion and jump techniques, basic stunting and tumbling techniques, and a dance routine that incorporates what we have learned that will be performed at halftime of the game.

Proper athletic attire is required to participate. No jewelry of any kind should be worn. Please bring a water bottle that is clearly marked with participant's name.

CLINIC ATTIRE: Ladies: T-shirt and Cheer shorts/Spandex shorts. Hair must be secured out of faces (and off of necks) for safety reasons. Coaches prefer that flat cheerleading tennis shoes be worn. "Mat only" shoes can be worn. Gentlemen: T-shirt and Shorts. Tennis shoes.

PERFORMANCE ATTIRE: Clinic T-shirt, black or orange cheer shorts/cheer skirt, white socks, white cheer shoes are preferred. Hair must be secured out of face. No jewelry of any kind. Make-up (if worn) should be natural.

CLINIC COSTS \$20 per participant. Cost for the clinic includes all instruction, ONU Cheerleading short sleeve T-shirt, and entrance for the participant to the basketball game. Family members are responsible for their own entrance into the ONU vs. John Carroll Basketball game. Optional purchases are Orange/Black Hair Bow and Poms.

Payment should be made to Ohio Northern University and MUST be included with registration for registration to be valid. Please mail registration by Monday, January 19 (with registration form for each participant & payment) to: ONU CHEERLEADING COACHES, co/Kirstin Reams & Jami Dellifield, McIntosh Center, 525 South Main Street, Ada, OH 45810

Ohio Northern University Cheer Clinic REGISTRATION FORM

Each participant must have their own registration form. Please make copies as needed.

Please return this registration form WITH PAYMENT for clinic fees & optional items ordered <u>BY MONDAY</u>, January 19 to: ONU CHEERLEADING COACHES, co/Kirstin Reams & Jami Dellifield, McIntosh Center, 525 South Main Street, Ada, OH 45810

Student's Name:	Grade:			
Address:				
Cell phone:		_Text:	Yes	NO
Student Email				
Cheerleading Experience				
Cheerleading Experience	Level:			
Mastered Skills (no spot needed):				
Stunting Experience	Level:			
Years of experience with each position? Main Base	Secondary Base	Back		Flyer
CLINIC T-shirt SIZE (please circle correct size) YS	YM YL AS	S AM	AL	
OPTIONAL Orange/Black Hair Bow (\$10)	YES	NO		
OPTIONAL Black/Silver & Orange/Silver POMS (\$20)	YES NO)		
OPTIONAL SPIRIT WEAR FOR FAMILIES AND CLINIC PARTICIPANTS:				
CLINIC T-SHIRT (\$10 each, please add \$2 for 2XL, \$3 fo Youth: $\underline{S \ M \ L}$ Adult: $\underline{S \ M \ L}$			ntity BI KL	
CLINIC SWEATSHIRT (\$23 each, please add \$2 for 2XL) Youth: <u>S M L</u> Adult: <u>S M L</u>			te quantit KL	
Parent/Guardian Name(s)				
Cell phone:		_Text:	Yes	NO
Parent/Guardian Name(s)				
Cell phone: Email for Registration Confirmation:		_Text:	Yes	NO
Email for Registration Confirmation:				
PARENT/GUARDIAN INDEMNIFICATION AGREEMENT In consideration of the acceptance of this application by Ohio Northern behalf of the applicant::who is of said applicant does/do hereby promise and agree to indemnify and sa Cheerleading Clinic Staff and Ohio Northern University against any an liable for in the consequence of the acceptance of the application and/o We, the undersigned and each of us do further waive, release and relind University, it's instructors, agents or employees, and liabilities for inju son/daughter or ward during the course of instruction as a participant in auspices of Ohio Northern University in the same manner of said liabili indemnification is attached. The indemnification and obligation shall b	s not yet of age, the un ave and keep harmless ad all loss, damage, or or performance of the c quish to the ONU Cher ries or damages occurr n Ohio Northern Unive lities are waived and re	dersigned pa said Ohio No expense whice ourse of instri- erleading Clin- ting to the per- ersity Cheerle eleased by the	rent or pa orthern U ch they m ruction cc nic, Ohio rson or pr eading Cl e applicar	arents (or guardian) Iniversity ay sustain or be ontemplated therein. Northern coperty of our inic under the tt to which this
In the event of illness or injury of my child and reasonable attempts to Cell: Parent/Guardian Name: been unsuccessful, I hereby give my consent to have any treatment dee transfer of the child to the nearest local Hospital, if necessary. Facts co medications being taken, and physical impairments to which a physicia aware:	Cel emed necessary by a lo oncerning my child's m	1: cal licensed p redical history	ohysician y, includi	

Parent/Guardian's Signature_____