



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!

Kindergarten thru Grade 12

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 BY MONDAY, 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 _____

Tumbling 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 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 for 3XL, \$4 for 4XL) write quantity BESIDE the size.

Youth: S M L Adult: S M L XL 2XL 3XL 4XL

CLINIC SWEATSHIRT (\$23 each, please add \$2 for 2XL, \$3 for 3XL, \$4 for 4XL) write quantity BESIDE the size.

Youth: S M L Adult: S M L XL 2XL 3XL 4XL

Parent/Guardian Name(s) _____

Cell phone: _____ Text: Yes NO

Parent/Guardian Name(s) _____

Cell phone: _____ Text: Yes NO

Email for Registration Confirmation: _____

PARENT/GUARDIAN INDEMNIFICATION AGREEMENT

In consideration of the acceptance of this application by Ohio Northern University Cheerleading Clinic at Ohio Northern University behalf of the applicant: _____ who is not yet of age, the undersigned parent or parents (or guardian) of said applicant does/do hereby promise and agree to indemnify and save and keep harmless said Ohio Northern University Cheerleading Clinic Staff and Ohio Northern University against any and all loss, damage, or expense which they may sustain or be liable for in the consequence of the acceptance of the application and/or performance of the course of instruction contemplated therein. We, the undersigned and each of us do further waive, release and relinquish to the ONU Cheerleading Clinic, Ohio Northern University, it's instructors, agents or employees, and liabilities for injuries or damages occurring to the person or property of our son/daughter or ward during the course of instruction as a participant in Ohio Northern University Cheerleading Clinic under the auspices of Ohio Northern University in the same manner of said liabilities are waived and released by the applicant to which this indemnification is attached. The indemnification and obligation shall be binding personally and upon the estates of the undersigned.

In the event of illness or injury of my child and reasonable attempts to contact me at: Parent/Guardian Name: _____

Cell: _____ Parent/Guardian Name: _____ Cell: _____ having

been unsuccessful, I hereby give my consent to have any treatment deemed necessary by a local licensed physician or dentist and the transfer of the child to the nearest local Hospital, if necessary. Facts concerning my child's medical history, including allergies, medications being taken, and physical impairments to which a physician or ONU cheerleading coaches should be aware: _____

Parent/Guardian's Signature _____ Date: _____