

CHEERLEADING CLINIC Saturday, October 15, 2016

1-4 p.m.

Supper on your own with your family.

PERFORMANCE during the 1st Quarter of the Game

ONU vs. John Carroll Football Game

Game Starts at 6 p.m.

**$20 per participant**

Optional: $10 PINK Cheer Bow

Optional: $20 PINK Pair of Poms

Optional: $10 PINK socks

**Thanks for supporting Ohio Northern University Cheerleading!! Go Bears!!**

Join the Ohio Northern Cheerleaders and Coaches for a

*Co-Ed CHEERLEADING CLINIC*

*@ the Zeta Tau Alpha PINK OUT GAME!*

ANYONE is encouraged to join us! Clinic is for ladies and gentlemen!

Ages 4 thru Grade 12

*We will divide participants into mini-squads by age!*

*Saturday, October 15, 2015 from 1 –4 p.m.*

1 p.m. Arrival/Check-In at King Horn Center 1:15 p.m. Warm-Up

3:45 p.m. Participant Pick-Up at King Horn 4 p.m. Clinic Ends

5:30 p.m. Arrive at Dial-Roberson Stadium 5:45 p.m. National Anthem and Tunnel

6 p.m. PERFORMANCE during FIRST QUARTER ONLY of ONU vs. John Carroll Football Game

Approximately 6:20 p.m. Students will be dismissed to sit with parents on the hill for the rest of the game.

*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 motions, jumps, basic stunting & tumbling techniques, & the ONU Fight Song.

CLINIC COST is **$20 per participant**. Cost for the clinic includes all instruction, ONU Cheerleading short sleeve PINK GAME T-shirt, and entrance for the participant to the football game.

**Family members are responsible for their own entrance into the ONU vs. Marietta Football game**. Optional purchases are PINK bow, PINK poms, and PINK socks.

Please bring a water bottle that is clearly marked with participant’s name.

Please eat before you arrive. No snacks will be served. Please bring a snack if you will need one.

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 should not be worn. Gentlemen: T-shirt and Shorts. Tennis shoes.

PERFORMANCE ATTIRE: Clinic T-shirt (on top of long sleeves), black or pink cheer shorts/cheer skirt, white or pink 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.

There will be a spirit shop with ONU uniforms and other spirit wear items for sale on the day of the clinic ($10—50 per item). Please order any extra PINK clinic gear that you want because these items will NOT be available in the Spirit Shop.

*Payment should be made to Ohio Northern University and MUST be included with registration for registration to be valid. Please mail registration by Friday, September (with registration form for each participant & payment) to:* ONU CHEERLEADING COACHES, co/Jami Dellifield & Lauren Krepps, McIntosh Center, 525 South Main Street, Ada, OH 45810 Message coaches at: <https://www.facebook.com/groups/onucheerleading/> or [jamizumba@gmail.com](mailto:jamizumba@gmail.com)

**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 FRIDAY, September 30 to:* ONU CHEERLEADING COACHES, co/Jami Dellifield & Lauren Krepps, 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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Stunting Experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of experience with each position? Main Base Secondary Base Back Flyer

CLINIC short sleeve T-shirt SIZE (please circle correct size) YS YM YL AS AM AL

OPTIONAL PINK HAIR BOW ($10) YES NO

OPTIONAL PINK POMS ($20) YES NO

OPTIONAL PINK SOCKS ($10) YES NO

*(OPTIONAL) ADDITIONAL 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(use back of form if needed).

Parent/Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_