



Ridgedale High School Cheerleading Mini Camp



Come join the fun! Learn the cheers, chants, and dances taught by members of the RHS Cheerleading Team

Camp Day 1: January 18	3:15-4:45	RHS Cafeteria
Camp Day 2: January 25	3:15-4:45	RHS Cafeteria
Camp Day 3: January 27	9:00am-11:00am	RHS GYM
Performance: January 27	Varsity Basketball Game vs. Upper Sandusky ***Varsity game starts at 6 pm	

Camp is open to all “budding cheerleaders”, female or male, in grades 1-8. All campers receive a *t-shirt and admission to the **January 27th** basketball game. No experience necessary, just come and join the fun! Bring your friends!

Each participant will be encouraged to wear their t-shirt to school on January 26th and during the group performance.

Campers should wear a t-shirt, shorts or flexible pants, and tennis shoes for camp practices.

A water bottle and a light snack are recommended for after school.



I will take registration forms and fee up to the first day of camp, January 18th; however, ***only t-shirt sizes turned in by January 12th can be guaranteed.** If you have any questions, please contact Mrs. Jodi Smith, head cheer coach and teacher at 383-2020 ext. 216 or email @ jsmith@ridgedaleschools.org

Please make checks payable to: RHS Cheerleaders

Amount of \$35.00

In the event of inclement weather or school cancellations, please listen to WDIF/WMRN for information regarding mini camp changes. Make up date for performing will be January 26th.

CHEERLEADING CLINIC

REGISTRATION FORM

Name of Participant _____ (As you would like it printed on the certificate)

Present Grade Level (circle one) 1 2 3 4 5 6 7 8 Homeroom Teacher _____

Name of Parent/Guardian _____

Phone Number _____

IN CASE OF AN EMERGENCY, CONTACT:

Name _____

Relationship _____

Phone _____

In consideration of your acceptance of my entry, I do hereby waive and release any and all rights and claims for damages that may occur against the Cheerleading Clinic. I also waive any claims that may be substituted by the participants in connection with traveling to and from the clinic during participation. I understand that should a health emergency arise, I will be notified. If I cannot be reached by phone nor the emergency contact, such emergency medical attention should be given if deemed necessary by competent medical personnel with my permission waived. I understand that all persons treated by the EMS will be transported unless a waiver is signed at the time of treatment.

Signature of Guardian _____ Date _____

T-Shirt Order

Child Size	_____ Youth S	_____ Youth M	_____ Youth L
Adult Sizes	_____ S	_____ M	_____ L _____ XL

Only participants who turn in their forms by January 12th are guaranteed their shirt size.

**Families with two or more participating cheerleaders....

1 st cheerleader	\$35.00
Two cheerleaders	\$65.00
Three cheerleaders	\$80.00

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