



# Ridgedale High School Cheerleading Mini Camp



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

<b>Camp Day 1:</b> January 24	3:15-5:00	RHS Cafeteria
<b>Camp Day 2:</b> January 29	3:15-5:00	RHS Cafeteria
<b>Camp Day 3:</b> February 2	9:00am-11:30am	RHS <b>GYM (preview and awards start at 11am)</b>
<b>Performance:</b> February 2	Varsity Basketball Game vs. Delaware Christian ***Varsity game start at approximately 6:30pm	

Camp is open to all “budding cheerleaders”, female or male, in grades 1-8. All campers receive a \*t-shirt and admission to the February 2<sup>nd</sup> 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 February 1st 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 24th; however, **\*only t-shirt sizes turned in by January 18th can be guaranteed.** If you have any questions, please contact Mrs. Jodi Smith, head cheer coach @383-2020 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 or the Ridgedale All-Call for information regarding mini camp changes. Make up date for performing will be February 6<sup>th</sup>.

## 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 \_\_\_\_\_ XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

*Only participants who turn in their forms by January 18th are guaranteed their shirt size.*

\*\*Families with two or more participating cheerleaders.... 1<sup>st</sup> cheerleader \$35.00  
Two cheerleaders \$65.00  
Three cheerleaders \$80.00

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