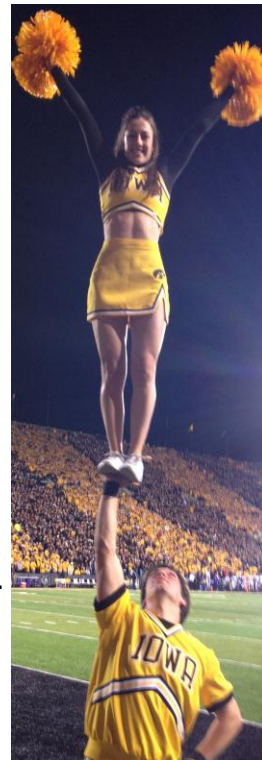


UNIVERSITY OF IOWA SPIRIT SQUAD SUMMER KIDS CLINIC



June 2nd, 2013 – 9:00am-12:30pm

University of Iowa Fieldhouse – North Gym

Here is an opportunity for 1st-6th graders to learn from the University of Iowa Spirit Squads. This fun clinic includes: sidelines, dance, jumps, stunts and crowd leadership. All participants must turn in registration/wavier (both sides) and payment by May 24, 2013. Limited to first 200 participants.



**Cost:
\$20 Per Participant**

Cut and return section below

REGISTRATION FORM

BE SURE TO FILL OUT BOTH SIDES OF REGISTRATION

Return by May 24, 2013

N411 Carver Hawkeye Arena / Iowa City / IA / 52242

Check Made Out To: **University of Iowa Athletic Department**

Participants Name: _____

Age: ____ Grade (Fall 2013): ____ School: _____ Circle One: Female Male

Parent's Name(s): _____ E-Mail: _____

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: (____) _____
(day of clinic – should not be same as listed above)

Clinic Fee -- \$20 \$20

Total amount enclosed \$ ____

Checks should be made out to: **The University of Iowa Athletic Department**
Return this form with payment by May 24, 2013



**UNIVERSITY OF IOWA
SPRIT SQUAD
SUMMER KIDS CLINIC**



Sunday, June 2nd, 2013

Fieldhouse North Gym

Enter Fieldhouse through South Entrance

- 9:00am Register – Fieldhouse North Gym
- 9:20am Warm-Up / Stretch
- 9:30am Learn Fun Dance
- 10:15am Work on Jumps
- 10:30am Learn Fun Sideline Chants
- 11:00am Snack Break – Bring snack of your own
- 11:20am Games with Iowa Spirit Squads
- 11:30am Partner Stunt Basics
- 12:00pm Crowd Leadership Techniques
- 12:15pm Review Dance, Sidelines, Jumps
- 12:25pm Show parents Material Learned
Pictures – Wrap-Up Clinic

NOTES:

All Participants need a signed waiver

*Wear Comfortable clothes and gym shoes
No flip flops, sandals or bare feet*

Bring a small Snack for Snack Break

Sales items may be available at clinic

Parents may stay and watch

(Schedule is tentative and subject to change)

Cut and return section below

BE SURE TO FILL OUT BOTH SIDES OF REGISTRATION

Permission, Medical and Liability Release Form

Student's Name: _____

Student's School: _____

I understand that by taking part in this event there is a possibility of injury or illness to my child or myself; therefore I give permission for my child or myself to participate in The Iowa Spirit Squads Clinic , June 2, 2013. I understand that there are risks involved in participating in cheerleading, dance, and mascotting that may include minor injury, major injury, paralysis or even death. I do hereby grant permission to hospital staff members to administer treatment to my child or myself in the event of injury or illness.

I also agree to hold harmless the State of Iowa, The University of Iowa, Iowa Spirit Squads and it's officers for any and all liability for negligence or any other claim against the above parties, for any injury or illness incurred as a result of my child's or my participation in this championship. Any court or attorney's fees will be taken care of by the injured or ill party.

I also understand that The University of Iowa may use my child's or my likeness, face, name or appearance in any video or photographs taken at the event. These video clips or photographs may be used in promotions, presentations or for broadcast, as needed, by The University of Iowa or any third party organization involved with the event.

Parent's name: _____

Cell Phone (day of clinic): _____

Allergies: _____

Parent's signature: _____

Date: _____

**** ALL PARTICIPANTS MUST HAVE A SIGNED COPY OF THIS WAIVER MAILED IN ****

COPY THIS FORM AS NEEDED