



**UNIVERSITY OF IOWA**



**CHEERLEADING & DANCE TEAM**

**CLINIC & HALFTIME PERFORMANCE**

**January 24<sup>th</sup> & 25<sup>th</sup>, 2014**



Here is an opportunity to perform at an Iowa Women's Basketball Game on Saturday, January 25, 2013. Learn the routine from the Iowa Spirit Squads at a clinic on Friday, January 24<sup>th</sup> ...then come perform in front of 1,000s of Hawkeye Fans at Carver Hawkeye Arena on Saturday, January 25<sup>th</sup>.

**Clinic** – Friday, January 24<sup>th</sup>, 2014 – 4:45-8:00pm -- Fieldhouse Main Deck

**Halftime** – Saturday, January 25<sup>th</sup> Women's Basketball Game 6:00pm  
Carver Hawkeye Arena – Enter West Entrance

**Cost:** \$25 per participant (cost includes tee shirt and game entry)

Participants should be in 1<sup>st</sup> – 8<sup>th</sup> grade – Limited to first 200 participants



Cut and return section below

**REGISTRATION FORM**

**BE SURE TO FILL OUT BOTH SIDES OF REGISTRATION**

Return by January 8, 2014

N411 Carver Hawkeye Arena / Iowa City / IA / 52242

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

Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Circle One: Female Male

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

Tee-Shirt Size (circle one): YS YM YL S M L

(Gold Tee with Black type – Tees handed out on Saturday before the game)

Clinic / Halftime Fee \$25 \$25

Extra Adult Tickets for Game at \$3 each \_\_\_\_ = \$\_\_\_\_ Pick up at clinic on Friday

Total amount enclosed \$\_\_\_\_

Checks should be made out to: **The University of Iowa Athletic Department**

Return this form with payment by January 8, 2014



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## Schedule of Events

**Friday, January 24<sup>th</sup>, 2014**

Clinic – Fieldhouse Main Deck  
Enter Fieldhouse through Main Entrance (South)  
4:45pm Register – Fieldhouse Main Deck  
5:00pm Warm-Up – Learn basic skills  
5:15pm Work on Routine  
6:15pm Short Break / Games  
6:30pm Finish Work on Routine  
7:30pm Parents welcome to return  
7:45pm Perform for parents / End

*Wear Comfortable clothes and gym shoes*  
Bring a small snack if you would like

**Saturday, January 25<sup>th</sup>, 2014**

Halftime – Carver Hawkeye Arena  
5:00-5:30pm Enter Arena  
Register at West Entrance  
Sit in seats – Watch 1<sup>st</sup> Half -- 6:00pm tip-off  
At 8 minute Time Out head to Tunnel area  
Halftime – Perform facing East  
Second Half – Cheer on the Hawkeyes

*Wear Black pants and gym shoes-white if possible*

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 and Halftime Performance, January 24 and 25, 2014. 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: \_\_\_\_\_

Allergies: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\* ALL PARTICIPANTS MUST BRING SIGNED COPY TO THE EVENT \*\***

COPY THIS FORM AS NEEDED