

# 2018 Junior IRISH Cheer Clinic!



Come learn jumps, cheers, techniques and basic stunts with the SHA Varsity Cheerleaders during a two-day clinic! Participants will then perform during the 1st quarter of the last home football game! GO IRISH!

- For:** Kindergarten - 8<sup>th</sup> Graders
- Clinics:** October 16<sup>th</sup> & October 18<sup>th</sup> from 3:00-5:00pm  
in the SHA High School Gymnasium  
Please arrive by 2:50pm for check in both days  
\*Snack provided both clinic days, please send snack if your child has allergies
- Game:** October 19<sup>th</sup>, Mt. Pleasant Community Memorial Stadium  
Meet on concession end of track at 6:15pm  
Game time at 7:00pm, participants cheer the 1<sup>st</sup> Quarter!  
Wear clinic t-shirt/bow with black leggings
- Cost:** \$40.00 includes t-shirt, bow, participant admission to game and cheering 1<sup>st</sup> quarter with the SHA Cheer Team!  
Make Checks Payable to SHA Cheer
- Registration:** Turn in registration form to either school office BY  
October 12<sup>th</sup> to ensure time for shirt orders  
Late registration will NOT be guaranteed a shirt on time
- Reminders:** No jewelry, hair up, tennis shoes required, athletic clothing, and please bring a water bottle
- Questions:** Contact Megan Theisen or Emma Powell  
via email at [shagoirish@gmail.com](mailto:shagoirish@gmail.com)

\*Due to athletes being easily distracted, please refrain from staying in the gymnasium during clinic days.  
Parents/Guardians are welcome to watch the last 10 minutes of each clinic prior to pick up.

# 2018 JUNIOR IRISH CHEER CLINIC REGISTRATION

Please print clearly and fill out ALL lines

Participant Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Latchkey: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Parent Cell Phone Number: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## T-Shirt Size

YOUTH: X-Small \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_

ADULT: Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_

I hereby give my consent for \_\_\_\_\_ to participate in the Junior Irish Cheer Clinic, recognizing that as a result of participation in athletics, the possibility of injury exists. I grant permission to any medical personnel to treat the above named athlete in case of a medical injury. I agree to assume full financial responsibility for the treatment of such injuries and further agree to not hold Sacred Heart Academy liable for any such injuries.

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