



Cheer with the
2011-2012
UPPER ARLINGTON HIGH SCHOOL
CHEERLEADERS
SERIES OF CLINICS
for Grades K-8

When: Sunday, September 18 - “Football Spirit Kick-off”
Football dance, chants and cheers – help us cheer on the Bears!
1:00 p.m.-3:00 p.m.
***3:00 Performance by participants**

Saturday, December 17 – “Holiday Cheers”
A fun clinic with basketball chants, cheers and a festive dance!
Moms can get some shopping done!!!
10:00 a.m. to 12:00 p.m.
*** 12:00 Performance by participants**
Participants will also get to perform at a Varsity Basketball game!

Sunday, April 15 – “Jump into Spring” for K-5
Learn how to jump like a cheerleader!
“Try-out Boot Camp” for 6-8
Learn tips on how to have your best cheerleading
try-out. Meet the High School Coaches!
1:00 to 3:00 p.m.
***3:00 Performance by participants**

Where: UAHS Freshman Gym

Information: Check out our new Cheer site at UAGoldenBears.com

For more information on upcoming events! Forms available online.

Cost: \$25 per clinic OR all 3 clinics for \$65 (a \$10 savings)
\$10 optional Cheer T-shirt that can be worn to clinics
(Checks made payable to UAHS Cheerleaders)

This program is not sponsored by the Upper Arlington Schools

Cheer Clinic Registration Form

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Return this form by 9/9/11 to: Cheer Clinic, 3337 Somerford Rd, Cols, 43221

Questions? Please call Liz Auge 457-6368

Name _____ Grade _____

Home Phone _____ Cell Phone _____

Email address _____

Emergency Contact Name _____

Emergency Phone Number _____

Allergy or medical concerns _____

In consideration of the opportunity to participate in the cheerleading activities, I, on behalf of my child, agree to release, indemnify, and hold harmless UAHS employees, cheerleaders, coaches and all volunteers from any and all responsibilities of liability for personal injury that may occur while my child is engaged in the physical activities or otherwise participation in the 2011-2012 cheer clinics. Furthermore, I recognize that every physical sport activity has a certain degree of risk, and I knowingly and voluntarily assume the risk of any injuries, regardless of the severity, while my child is participating in the activities.

Parent signature _____

Order Form

Special Deal: Series of three clinics \$65 _____

OR

Individually:

9/18/11\$25 _____

12/17/11\$25 _____

04/15/12\$25 _____

Optional Cheer T-shirt\$10 _____

(These can be worn during our performance at the Varsity Basketball game)

Youth S _____ Youth M _____ Youth L _____

Adult S _____ Adult M _____

TOTAL DUE _____

Checks Payable to: UAHS Cheerleaders. Due by 9/9/11.