

# University of Northern Iowa Cheer Squad College Prep Clinic 2010

The University of Northern Iowa Cheer Squad will be hosting its first College Cheer Squad Prep Clinic on March 27, 2010 for high school and college cheerleaders who strive to be a part of a college cheer squad in their future or would like to work on their technique and form.

Participants are invited to join UNI Cheerleaders for an afternoon of fun, cheering, technique and form, and tips to improve your stunts, motions, and tumbling. Participants will work on their cheers, motions, stunts, tumbling, and discuss ways to improve as a cheerleader with the UNI Cheer Squad.

If you have any questions, please email the UNI Cheer Squad at:  
fullerj@uni.edu

\*Date: March 27, 2010

\*Time: 12:30pm-5pm (Check-in begins at 12:00pm)

\*Location: West Gym

\*Cost: \$25 per cheerleaders

\*Cost Includes: Registration, one UNI Cheer Squad T-shirt, and an afternoon with the UNI Cheer Squad. REGISTRATION IS DUE BY March 19, 2010.

\*Where to register: Participants should register and pay in advance by sending the attached registration form to:

University of Northern Iowa Cheer Squad  
UNI-Dome North Offices  
Cedar Falls, IA 50614-0314

\*What to wear: Participants should wear t-shirt, shorts, and cheer shoes. Please no baggy clothing.

**NOTE: The attached release waiver must be signed and returned with registration. No one will be allowed to participate without a release waiver. Only one registration form and one release waiver per participants please.**

## \*\*TRYOUTS FOR THE 2010-2011 UNI CHEER SQUAD SEASON:

Thursday, April 15: 6-9pm

Friday, April 16: 6-9pm

Saturday, April 17: 9am-3pm

Sunday, April 18: 1pm

\*\*All times are subject to change

## UNI CHEER SQUAD COLLEGE PREP CLINIC REGISTRATION

Name: \_\_\_\_\_ T-Shirt Size (Circle one): S M L  
Year in School: \_\_\_\_\_ Name of High School or College: \_\_\_\_\_  
Participant Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Additional T-shirts may be purchased for \$10.  
Would you like an additional shirt? If so, what size(s)? \_\_\_\_\_

### If under 18:

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_  
Parent/Guardian Address: \_\_\_\_\_ Email: \_\_\_\_\_

## UNIVERSITY OF NORTHERN IOWA RELEASE AND MEDICAL INFORMATION

I hereby assume all risks of clinic activity (including property loss or damage, personal injury and death) that may result from any dance activity. As parent/guardian, I agree to indemnify, defend and hold harmless the University of Northern Iowa. Board of Regents-State of Iowa, State of Iowa, then Cheer Squad, Athletic Department and their officers, employees, agents, instructors and all participants in the cheer clinic program from and against all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage which may result from any negligence and/or the student taking part in cheer clinic activities.

In the event of injury or illness, I give my consent for medical treatment, and permission to camp personnel to supervise or perform on-site first aid for minor injuries and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the student. I agree to assume all costs related to any such treatment. I authorize my insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I understand each student must provide his/her own medical insurance. I also understand that I am responsible for any medical or other charges related to the student's attendance at the UNI Cheer Squad clinic.

I certify that the student is physically capable of participating in the camp activities. I have disclosed any physical limitations or medical problems which might limit the student's capability to perform under the normal conditions of camp activities. The University of Northern Iowa reserves the right to deny anyone the opportunity to participate where question exists regarding a student's physical capability to safely participate in clinic activities.

PLEASE PRINT ALL INFORMATION EXCEPT PARENT/GUARDIAN SIGNATURE, WHICH IS REQUIRED IF STUDENT IS UNDER 18 YEARS OF AGE. REGISTRATION WILL NOT BE PROCESSED UNLESS THIS FORM IS COMPLETED WITH REQUIRED SIGNATURES AND RETURNED WITH REGISTRATION AND PAYMENT.

Participant's Name \_\_\_\_\_  
Father's/Guardian's Name \_\_\_\_\_  
Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Mother's/Guardian's Name \_\_\_\_\_  
Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_  
Date of last tetanus immunization \_\_\_\_\_  
Any serious medical conditions (i.e. diabetes, asthma, epilepsy, etc.) \_\_\_\_\_  
Medications currently taking and for what conditions \_\_\_\_\_  
Allergies \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_