

University of Wyoming Youth Cheer & Dance Clinic



Saturday, February 18 9:00 AM – Noon

\$40 per participant

Youth ages 5 – 13

UniWyo Sports Complex

Registration: 8 AM – 9 AM in UniWyo Sports Complex

(please enter through the SW doors on the upper level of the UniWyo - located behind the Law School)



EACH PARTICIPANT WILL RECEIVE:

- 3 hour clinic including:
 - * University of Wyoming Crowd Cheers
 - * Performance routine for halftime of the UW Cowgirl Basketball game
 - * Cowboy Joe (words and dance)
 - * Jumps
 - * Stunts
 - * Tumbling
- Snack
- UW Youth Clinic T-shirt & Pom Poms
- Awards & Certificates
- Performance at Women's Basketball game vs Colorado State on 2/18/2012 at 2:00 PM in the Arena Auditorium
- Free admission to game (parents can receive special discounted tickets the day of the game)

ADDITIONAL INFORMATION:

- Please bring a water bottle labeled with the participant's name.
- Please wear t-shirt and loose fitting shorts, dance pants, or workout pants along with tennis shoes.
- For the halftime performance, participants should wear a pair of black pants yoga/dance pants style work best, but sweats will work as well) along with the UW Spirit Clinic T-shirt they will receive at the clinic.

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REGISTRATION FORM

*Registration forms must be received in the UW Athletic offices by Tuesday, January 31, 2012.

*All registered participants will receive an email confirmation on Wednesday, February 1, 2012.

Name: _____ Age: _____ Grade: _____

School: _____

T-Shirt Size: YS YM YL AS A M (circle one)

Parent Email: _____

Parent/Guardian Name: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

****Please ensure that the parent/guardian and the emergency contact will be accessible by the phone numbers listed during the entire clinic.***

Please note any allergies (including food allergies), medical conditions or special notes we need to know about your child during the clinic. _____

Please drop off 1) registration form 2) a \$40 check made out to UW Spirit Squad and 3) the Assumption of Risk Waiver Form to the Wyoming Cowgirl Volleyball and Basketball Offices located in the Fieldhouse North or mail all 3 items to:

Marcie Powell; Head Spirit Squad Coach
Department of Intercollegiate Athletics (3414)
1000 East University Avenue
Laramie, WY 82071

For more information contact Coach Marcie Powell at mpowell7@uwyo.edu or 307-766-4940

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ASSUMPTION OF RISK AND RELEASE AGREEMENT

I, the undersigned, do hereby acknowledge and understand that my child is voluntarily participating in the the University of Wyoming Cheer and Dance Clinic held on the University of Wyoming campus in Laramie, Wyoming. I further acknowledge that I understand the risks involved in the use of University facilities and equipment which may include, but are not limited to, bodily injury to head, arms, legs and internal organs. In addition, I have been advised of the rules and regulations of the Youth Cheer and Dance Clinic. I acknowledge and assume any and all such risks to my child by participation in this Clinic.

I agree that my child is in good physical condition with no disability, impairment, or ailment that prevents engagement in active or passive exercise that will be detrimental or harmful to my child's health, safety, comfort, or physical condition or that of others who may so engage or participate. I agree that my child will not participate in the Clinic if my child has any open cuts, abrasions, open sores, infections, maladies with the potential of causing harm to others, or otherwise in accordance with public health requirements.

In the event that my child sustains injury as a result of participation in the Clinic or causes injury to another or to property, I hereby agree on behalf of my child and all of my child's heirs and assigns, to indemnify and forever release and hold harmless the State of Wyoming, the University of Wyoming and any of its Trustees, officers, employees, and volunteers including, but not limited to, coaches, trainers, and supervisors.

I have read and fully understand the contents of this Assumption of Risk and Release Agreement and execute same on behalf of my child, as my own voluntary act. In addition, I agree that I am the authorized parent or legal guardian, who has the legal capacity to agree to all terms of this Release Agreement.

I agree that I will pick up my child in a timely manner if my child is asked to leave the facility by a member of the Clinic staff.

THE UNDERSIGNED, BY THE SIGNATURE BELOW, AFFIRMS THAT THEY HAVE CAREFULLY READ THIS ASSUMPTION OF RISK AND LIMITED RELEASE AGREEMENT, UNDERSTANDS ITS CONTENTS AND PURPOSES AND VOLUNTARILY AGREES TO ALL THE TERMS SET FORTH ABOVE.

Participant's Name (Printed): _____ Age: _____

Parent/Guardian Signature: _____

Phone #: _____ Date: _____