

Athletics

Cheerleading



Our cheerleading program is designed to educate young people about cheerleading while focusing on dance routines, cheers and proper etiquette during sporting events. Cheerleaders will learn skills and cheer for flag football games during the spring session and provide halftime routines during games.

7-8

For: Children ages 7 – 8
Day: every Tuesday for 10 weeks
Date: April 3th—June 5th
Time: 6-8 p.m.
*Age is determined by child's age as of March 1, 2012

9-11

For: Children ages 9 – 11
Day: every Thursday for 10 weeks
Date: April 5th—June 7th
Time: 6-8 p.m.
*Age is determined by child's age as of March 1, 2012

12-14

For: Children ages 12 – 14
Day: every Friday for 10 weeks
Date: April 6th—June 9th
Time: 6-8 p.m.
*Age is determined by child's age as of March 1, 2012

- Registration Dates: Feb 1st – Mar 16th 2012.
- No Registration will be taken after March 16th.
- Practices and games will be held on our indoor turf field.
- Every cheerleader will receive a cheer shirt and a set of pom poms.
- Every cheerleader will also receive a medal at the last game
- [PLEASE REGISTER AT WWW.THEARENACLUB.COM](http://WWW.THEARENACLUB.COM)

Cost: \$50 for members \$65 for non-members



CHILD'S NAME _____ BIRTHDATE _____

WHAT AGE GROUP ARE YOU REGISTERING FOR? 7-8 9-11 12-14
age as of March 1st, 2012

IS HE/SHE A MEMBER? _____ HAS HE/SHE CHEERED B/F? _____

MOM'S NAME _____ DAD'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE (H) _____ WK/CELL _____

EMAIL ADDRESS _____

HEALTH INFORMATION: ARE THERE ANY SPECIAL NEEDS, MEDICAL CONDITIONS, OR BEHAVIORAL CONDITIONS THAT WE NEED TO BE AWARE OF TO ENSURE YOUR CHILD'S SAFETY? CHECK ANY THAT APPLY AND GIVE MORE INFORMATION, PLEASE.

_____ GOOD GENERAL HEALTH

_____ SEIZURE

_____ ALLERGY, FOOD OR OTHER

_____ ASTHMA

_____ BEHAVIORAL ISSUE

_____ DIABETES

_____ MENTAL HEALTH CONDITION

_____ PRESCRIPTION MEDICATION

_____ OTHER CHRONIC HEALTH CONDITION

_____ OTHER MEDICATION

EXPLANATION: _____

Coaching Information:

Interested in Coaching? _____ Head Coach _____ Asst Coach _____

Coaching Experience _____

PAYMENT INFORMATION:

TYPE OF PAYMENT _____ TOTAL AMOUNT _____ DATE PAID _____

CREDIT CARD TYPE _____ # _____ EXP _____

I accept full responsibility for my child's use of any and all apparatus, facility privilege or service whatsoever owned and operated by this club at his/her own risk and shall hold this club, its shareholders, directors, offices, employees, representatives, and hold agents harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by him/her resulting there from.

PARENTS SIGNATURE _____ DATE _____