# J.W. MITCHELL HIGH SCHOOL VARSITY CHEERLEADERS PRESENT

# 2017 Mini Mustang Cheer Clinic

July 12, 13 and July 14 9:30 a.m. to 12:30 p.m. Mitchell High School Cafeteria



## Registration is \$60 if received by July 3rd

(price increases to \$70 July 4th)

## **Registration Fee includes:**

3 days of instruction, Mini-Mustang t-shirt, child's free admission to first home football game on August 25th, mini hair bow, daily snacks, pizza lunch on last day of camp, camp team photo and memories to last lifetime!

Mini-mustanes

Mini-mustanes

Nini-mustanes

Tearn how to

Cheer, dance, ble

Cheer, dance, ble

Cheerleaders

Cheerleaders

Mini-mustangs
will get to cheer
at the first Home
same of the
season!

MHS
CHEERLEADING Mini Clinic

Registration packets are available from the Mini Mustang Coordinator! Please email <a href="mailto:mchamber@pasco.k12.fl.us">mchamber@pasco.k12.fl.us</a> to request your packet today!!

### MHS CHEERLEADING MINI MUSTANG CLINIC

| I, the undersigned parent/guardian, request voluntary participation for, a minor, to participate in the Mini Mustang   |  |  |  |  |  |  |  |   |
|--|--|--|--|--|--|--|--|---|
| Cheerleading Clinic on July 12, 13 & 14, 2017 which hereinafter will be referred to as the "activity."   |  |  |  |  |  |  |  |   |
| I consent to minor's participation in the activity and acknowledge that the minor's participation may involve risk, serious injury, or death, including losses, which may result not only from the minor's own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the conditions of the facilities, equipment, or areas were the activity is being conduction, and/or the rules of play of this type of activity.   |  |  |  |  |  |  |  |   |
| Release-Parent/Guardian Rights   |  |  |  |  |  |  |  |   |
| In consideration of allowing my child to participate in this event, I hereby release and hold harmless J.W. Mitchell High School, its faculty and staff of and from, and do discharge and waive any and all claims, demands, losses, damages, and liabilities that I or the minor may have with respect to any and all damage or injury, of any type, arising from minor's participation in the activity.  I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. |  |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  | I certify that the minor is in good health and has no physical condition that would prevent participation in this activity. |
| I consent to give medical treatment in the event that such care is required.   |  |  |  |  |  |  |  |   |
| (Print name of parent/guardian)  |  |  |  |  |  |  |  |   |
| (Signature of parent/guardian) (Date)  |  |  |  |  |  |  |  |   |
| (Print name of minor participating in activity)  |  |  |  |  |  |  |  |   |

## **Participant Information**

| Participant's Name:  |          |     |       |      |       |   |    |    |
|--|----------|-----|-------|------|-------|---|----|----|
| Current Age: (Please circle one)   | 4        | 5   | 6     | 7    | 8     | 9 | 10 | 11 |
| Current School:  |          |     |       |      |       |   |    |    |
| Parent(s) Name(s)  |          |     |       |      |       |   |    |    |
| Parent Email Address:  |          |     |       |      |       |   |    |    |
| Address:   |          |     |       |      |       |   |    |    |
| Phone Number:  |          |     |       |      |       |   |    |    |
| nergency Contact:Phone #:  |          |     |       |      |       |   |    |    |
| Medic  | al I     | nfo | rm    | ati  | on    |   |    |    |
| Does participant have any physist of the second sec |          |     |       |      |       |   | NO |    |
| Doctor:  |          |     | phone | e #: |       |   |    |    |
| Dentist:   | phone #: |     |       |      |       |   |    |    |
| Insurance Company:   |          |     |       | _Pol | icy#: |   |    |    |
| Are there any allergies  | YES      |     |       | N    | O     |   |    |    |

| s narticinant cu | rrently taking any med | lications? | YES | NO |  |
|------------------|------------------------|------------|-----|----|--|
| •                | t:                     |            |     |    |  |

## MINI MUSTANG CLINIC

## T-Shirt Order

| Shirts will be available the first day of the |
|---|
| camp! Price of T-shirt is included in your    |
| registration fee!                             |

This t-shirt must be worn to the Home Varsity Football Game, on August 25th in order for the participant to receive free admission into the game!

| Please indicate the size of shirt you would like to order for participant: |              |             |          |  |  |  |  |  |
|--|--------------|-------------|----------|--|--|--|--|--|
| Participant's Name:  |              |             |          |  |  |  |  |  |
| Youth Small  | Youth Medium | Youth Large | Youth XL |  |  |  |  |  |
| Adult Small  | Adult Medium | Adult Large | Adult XL |  |  |  |  |  |

# MHS CHEERLEADING MINI MUSTANG CLINIC Important Information

### What to wear to camp:

- o Comfortable clothing and tennis shoes
  - Please pull hair out of face

#### What to bring to camp:

- A packed lunch for Mon. & Tues. July 12th and 13th
- We will be having a pizza party on Wed. July 14th
- Water bottle

### Mini Mustang Night:

- The camp participants are invited to cheer with the Varsity
   Cheerleaders during our first home football game of the season on
- August 25<sup>th</sup>
  - Camp participants will receive free entrance to this game if they are wearing their clinic t-shirt!
    - Those who did not pick up at high school, will receive their shirt when they check in for the game!

Please have participants arrive at the Mitchell High School Football Stadium @ 6:00 p.m. on Friday, August 25th. We will have a practice to review cheers beginning at 6:15 p.m. Please be on time!

# Participants will cheer for the first half of the game and should be finished by 8:30 p.m.

If you have further questions regarding Mini Mustang Cheer Clinic or Mini Mustang Cheer Night please contact, Mini Mustang Coordinator, Michele Chamberlin via emai: <a href="mailto:mchamber@pasco.k12.fl.us">mchamber@pasco.k12.fl.us</a>

# Please sign up TODAY to receive TEXT messages and reminders!



Text number: 81010 Message: minimust

### Mini Mustang Schedule 2017

Check in 9:15 a.m. - 9:30 a.m.

Stretching: 9:30 a.m. -9:45 a.m.

Little Sally Walker/Penguin

9:45 a.m. to 10:30 a.m. Groups

Motions, Jumps, Cheers, Chants, Dance

10:30 a.m. Snack/Water/Potty Break

10:40 a.m. Groups

11:20 -11:45 a.m. Lunch

11:45 p.m. -12:10 p.m. Groups

12:10 p.m. Review & Banana and Down to the River

12:30 p.m. Parent check out

#### Great ready for the Fun Dress Up Days

TIE DYE DAY

Day 1: Dress up Day for Minis: Wear Tie-Dye

Day 2 Dress up for Minis: Hawaiian (Luau Day)

Day 3 Dress up for Minis: BLACK AND GOLD MUSTANG SPIRT DAY

Wear your T-shirt!

