

**CHEER CLINIC**  
**OCT 14<sup>TH</sup> FROM 10AM-1:30**  
**AGES 5-18, BOYS AND GIRLS**

**RAINIER CHRISTIAN H.S.**  
**CHEERLEADERS**

**Hosting a clinic for all levels of cheer.  
Come and have fun with us! Learn a  
dance, cheer, chant, jump and stunt.**

**\$40.00, YOU MUST SIGN UP AND PAY IN ADVANCE.**

Price includes poms, tee shirt and entry into homecoming game  
on October 21 to preform at half time  
along with a cheer 2<sup>ND</sup> and 3<sup>RD</sup> quarter.

**SIGN UP AND PAY BY OCT. 3<sup>RD</sup>.**

The High School cheer team will be visiting the schools the last week of September and will have sign up forms to hand out. The forms will be available at the front office and online.

Please contact Coach Hanson at : 253-350-4488 or  
[lavalle23040@yahoo.com](mailto:lavalle23040@yahoo.com) with any questions.

**MUSTANG CHEER CLINIC**  
**HOSTED BY THE RAINIER CHRISTIAN HIGH SCHOOL**  
**VARSITY CHEERLEADERS**

OCTOBER 14<sup>TH</sup> 10AM-1:30PM      KENT VIEW GYM 20 49th St NE, Auburn, WA 98002

Child's first and last name \_\_\_\_\_

Age \_\_\_\_\_

Tee shirt size: (circle one) youth small      youth medium      youth large

Adult small      adult medium      adult large      adult X large

\$40.00 please pay the school when you turn in this form. Payment must be received by Oct 3<sup>rd</sup>.

Type of payment: \_\_\_\_\_ received by: \_\_\_\_\_

Stunting involves an activity that could cause injury. These activities are not allowed without a certified coach present (they should not be performed on the playground). Please sign below that you understand the risk of injury and you approve your child to participate. No signature, no stunting. Both Coaches are certified in stunting.

Parent signature: \_\_\_\_\_

Parent name (please print) \_\_\_\_\_

Parent cell phone \_\_\_\_\_

This form will be used at the clinic for contact information. If for some reason we are not able to contact you please provide an alternate contact:

Alternate contact name: \_\_\_\_\_

Relationship to child \_\_\_\_\_ cell # \_\_\_\_\_

Any medical information we should be aware of, physical limitations:

\_\_\_\_\_  
\_\_\_\_\_

Complete and turn in to the front office by October 3<sup>rd</sup> with payment.

Parent information for the cheer clinic.

Please complete form and pay by Oct. 3<sup>rd</sup>. Clinic is OCTOBER 14<sup>TH</sup>  
10AM-1:30PM KENT VIEW GYM 20 49th St NE, Auburn, WA 98002

Please have your child wear comfortable gym clothes and gym shoes. Nothing sharp on clothing (no bling), no tank tops, no short shorts. No jewelry. Hair must be off the face and off the shoulders (pony tail is best).

Bring a sack lunch and water with your child's name on it.

We start at 10am so please check in between 9:45- 9:55.

At 1:15 be back, we will put on a show for you and your family. I encourage parents not to stay. We are working on a Mentoring program and sometimes having the parent there distracts from team bonding time.

The following Friday we have a Home football game. The children at the clinic are invited to the game and are admitted for free. They will perform at the half-time show and cheer with us 2<sup>nd</sup> and 3<sup>rd</sup> quarter. We will all be sitting together. After the 3<sup>rd</sup> quarter the children are released and you will need to pick them up then. Address and time to arrive will be given at the clinic.

You may purchase tickets from us at the clinic for the game and it will go towards our uniforms. If you buy tickets at the game it does not go to the cheer team.

I will need some parent volunteers at the game for bathroom runs. If you are available please let the Coach know at the clinic.

Coach Jan and Bridget Hanson [lavalle23040@yahoo.com](mailto:lavalle23040@yahoo.com)

253-350-4488 for texting.