

ATTENTION ALL K-8TH GRADERS



ARE YOU INTERESTED IN BEING A CHEERLEADER OR POMMIE OR JUST WANT TO BRUSH UP ON YOUR SKILLS?



FRIDAY, OCTOBER 9TH, 2015



Come join the Canyon Del Oro High School Spiritline at our spirit clinic and learn routines and techniques that you can take back to your school or perform just for fun. No prior experience is required and the best part is you get to perform in the CDO High School football game half time show that night!

\$45 ENROLLMENT FEE INCLUDES:

- * INSTRUCTION FROM 2015 CDO SPIRITLINE
- * CDO SPIRIT CLINIC GIFTS
- * PIZZA DINNER
- * 2 GAME ENTRY WRISTBANDS FOR PARENTS TO WATCH PERFORMANCE.

SPIRIT CLINIC SCHEDULE:

4:30 - 4:45 PM	PRE-REGISTRATION & CHECK IN
4:45 - 5:15 PM	ON SITE REGISTRATION
5:15 - 7:00 PM	WARM UP, LEARN ROUTINE PIZZA DINNER
7:00 - 7:30 PM	PREPARE FOR HALF TIME SHOW CASE
APPROX. 7:45 PM	HALF TIME SHOW CASE!

PLEASE WEAR A WHITE T-SHIRT, DARK SHORTS, AND TENNIS SHOES! PIZZA DINNER WILL BE PROVIDED.

ALL STUDENTS MUST HAVE A MEDICAL RELEASE FORM SIGNED BY A PARENT OR GUARDIAN IN ORDER TO PARTICIPATE!

SIGN UP:

SPIRIT CLINIC COST:

PRE-REGISTER & PRE-PAY BY 10/2 \$35.00
REGISTER 10/3-10/9 \$45.00

NAME: _____ PHONE: _____
BIRTHDATE: _____ EMAIL ADDRESS (CONFIRMATION RECEIPT): _____
GRADE: _____
EMERGENCY CONTACT (NAME & #) _____
CHILD CAN BE PICKED UP BY _____

MEDICAL RELEASE

PHYSICIAN _____ PHYSICIAN'S PHONE # _____
INSURANCE _____ POLICY # _____
HOSPITAL PREFERENCE _____ ALLERGIES _____

I, the undersigned parent/guardian of the participant named do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said participant. The judgement of said doctor or hospital may be required on an emergency basis in the event said participant should be strikingly ill or injured while participating in the clinic. _____ (name of participant)

can participate in the spirit clinic activities. In case of an accident or injury, I do not hold Canyon Del Oro High School or Spirit Clinic volunteers responsible.

SIGNATURE OF PARENT OF LEGAL GUARDIAN X _____

PLEASE MAKE CHECK PAYABLE TO CDO BOOKSTORE!

SEND PAYMENT ALONG WITH SIGN UP FORM TO:

ATTN: CDO SPIRITLINE
CANYON DEL ORO HIGH SCHOOL
25 W. CALLE CONCORDIA
ORO VALLEY, AZ 85704

PHONE: (520) 396-0930 OR (520) 481-3567

E-MAIL: COACHCINDYDCOCHEER@GMAIL.COM

WEBSITE: WWW.CDOSPIRITLINE.WIX.COM/CDOSPIRITLINE