



Sapulpa High School Kid's Clinic

CHEER ★ COLOR GUARD ★ PING

for students PreK– 5th Grade

Once again the Sapulpa High School spirit squads are hosting the annual Fall Mini-Clinic. Your child will learn a chant from the High School Varsity Cheerleaders, flag choreography by the Color Guard members, and a dance from the Ping-Ping Dance Team. The Clinic will consist of one night of instruction and a FRIDAY NIGHT performance at the Sapulpa Football Stadium during pre-game of the home game against Booker T Washington. T-shirt design is featured above- shirts will be royal blue with yellow and white print.

Thursday, Sept. 29th	Instruction 5:30-7:30pm	Chieftain Center
*For Rehearsals, participants should wear athletic wear and dance or non-scuffing tennis shoes. SHIRTS WILL BE HANDED OUT OUTSIDE THE FRONT GATE OF THE STADIUM FRIDAY NIGHT.		
Friday, Sept. 30th	Arrive by 6:35pm Performance will be PRE-GAME around 7:00	Front Gate of SHS football field *Family will have to pay to enter game
* Please bring your child ready to perform in their shirt, black pants or shorts, and tennis shoes. Try to have your child use the restroom before meeting the group. Dress for the weather by layering under or over their shirt if needed! *After performing participants will be <u>on the track near the Bandstand</u> where they can be checked out by their guardian. For their safety, please walk down to meet your child.		

COST IS \$30/CHILD.

Thank you for your continued support- profits will be split to help all three SHS programs grow their success this year!

Please return this registration section with signed release, and payment
(check or money order made payable to: SAPULPA PING-PING BOOSTER CLUB)

to your school's office by the end of the school day on **FRIDAY, SEPTEMBER 16th**.

Refunds will not be given. Registrations received by SHS later than the deadline cannot guarantee exact shirt size

Participant's Name: _____
 Participant's School: _____ Grade: _____
 Parent's Name: _____
 Address: _____
 Best Phone Number: _____
 Emergency contact information: (someone other than listed above in case we cannot get in touch with you)
 Name: _____
 Phone Number: _____

Please circle the T-shirt size your child will need. (There are 6 different sizes listed)

- | | |
|----------------------|--------------|
| Child Small (6-8) | Adult Small |
| Child Medium (10-12) | Adult Medium |
| Child Large (14-16) | Adult Large |

PERMISSION AND RELEASE: I HERBY RELEASE ANY AND ALL RIGHTS OR CLAIMS FOR DAMAGES AGAINST SAPULPA PUBLIC SCHOOLS, ITS AGENTS, EMPLOYEES, AND ALL INDIVIDUALS ASSISTING IN INSTRUCTION AND CONDUCTING THIS CLINIC. I ALSO GIVE MY PERMISSION FOR THE SPONSORS TO SEEK MEDICAL ATTENTION FOR MY CHILD IF NECESSARY.

Parent Name: (Please Print) _____

Parent Signature: _____ Date: _____