



Augustana Youth Cheerleading Clinic
Registration Form
For ages 5-12 years old

CLINIC: Saturday, January 17th, 8:30 a.m. - 12:30 p.m.
(*REGISTRATION: Saturday, January 17th, 8:00 a.m. - 8:30 a.m.*)

PERFORMANCE: Saturday, January 17th during half-time of Augustana Women's Basketball game (approx. 6:30 p.m.) against Winona State University.
Participants will need to arrive at 5:30 p.m. to warm up.

Child's name _____ Grade _____ Date of birth _____

Parent/Guardian _____ Phone # _____

Emergency contact _____ Phone # _____

Relationship to child _____ Cell phone # _____

Email Address _____

Allergies & Medications _____

Please mark the size T-shirt of the Youth Cheer Clinic Member:

☐ Youth-S ☐ Youth-M ☐ Youth-L ☐ Youth-XL ☐ Adult-S ☐ Adult-M ☐ Adult-L ☐ Adult-XL

How did you find out about the cheer clinic: _____

Payment is due *with registration form*. Please make checks payable (\$25.00) to "Augustana Cheer" and send* check and this registration form to:

Sally Sheley
Augustana Cheer Advisor
5600 W. Dardanella Rd.
Sioux Falls, SD 57106

* After Wednesday, January 14th, bring the registration form and your check with you to the Saturday clinic.