YHS Spirt Clinic

**Yukon CHEER and POM squads would like to invite all Pre-K through 5th grade students to participate in their annual clinic. Girls will learn a routine and a variety of cheer and dance skills. They will perform at half time of the girls’ basketball game on January 7th, 2020.**

**Where:** Clinic will be held in YHS Auxiliary Gym

**When:** Practice will be Monday, January 6th, 2020 from 6 – 7:30 p.m.

**Cost:** $25 (will include instruction, t-shirt, and a special surprise gift)

Make all payments payable to YUKON SPIRIT CLINIC with your child’s name in the memo line.

**Deadline:** All forms and payments are due no later than December 18th, 2019 to your child’s school office. Booster club members will pick up all forms from the schools at the end of the school day on the 18th. All forms received after the 18th will NOT be guaranteed a t-shirt.

Please understand this is a fundraiser for both the CHEER and POM squads and NO refunds will be given.

Please direct any questions to Tiffiany Webb, YHS cheer sponsor.

[tiffiany.webb@yukonps.com](mailto:tiffiany.webb@yukonps.com).

**PLEASE KEEP THE TOP PORTION OF THIS FORM FOR THE DATES, LOCATION, AND TIMES. Return bottom portion only.**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email (for reminders) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School your child attends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: PK K 1 2 3 4 5

Please circle one

T-shirt Size: Youth Small Youth Medium Youth Large

Please circle one

Adult Small Adult Medium Adult Large

*I understand that Yukon Public Schools, the YHS Spirit Squads and staff are not responsible for any injuries/accidents my child may receive while attending this clinic.*

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**Date**

**Parent/Guardian Signature**