

Mini-Bobcats Cheer Clinic

Come out and have fun with the Sonoran Foothills Bobcats Spiritline! Participants will learn motions, jumps, and cheers to support our basketball teams. All participants will be invited to show off what they learned at clinic during a SF home basketball game on Thursday, April 11th. They will cheer on the sidelines with our Spiritline and perform during halftime!

Clinic Info:

- Kinder-6th Graders
- Monday April 8th & Wednesday April 10th, 3:30-4:45PM
- Check-in starts at 3:30 in the SF gym. Please have the waiver completed in full and return at that time.
- Cost: \$35 made payable online only at <https://az-deervalley.intouchreceipting.com/> to General Athletics. Cost includes: a SF Bobcats performance shirt, cheer bow, and free admission for 1 adult to the game on 4/11 (regular admission is \$4/adult - CASH only)
- Attire: Participants should wear comfortable clothing and tennis shoes they can move and jump in!

Game Day Info:

- Thursday, April 11th
- First game starts at 4:30
- Arrive at 4pm for warmups.

Register Here:



Registration deadline is Thursday, March 21st! Sorry, no late or at the door registrations will be accepted. Pre-Registration is required using the QR code above. You must also fill out / bring a waiver on the back of this form in order to participate.

Questions? Please contact our athletic coordinator:
Sarah.Gummow@dvusd.org

Mini Bobcats Cheer Clinic Waiver

This waiver must be completed in full in order to participate.

To the best of my knowledge, this student/participant does not have any health problems that would be harmful to him/her while participating in the community schools program. Be it known that I, the undersigned parent/guardian/participant, do hereby give and grant unto the instructor my consent and authorization to render such aide, treatment and care to said participant as, in the judgment of the instructor, may be required on an emergency basis, in the event said participant should be injured or struck ill, it is hereby understood that the consent and authorization hereby given and granted are continuous, and are intended by me to extent through the length of the program. If emergency service involving medical action, or treatment is required and neither the parents nor guardians can be contacted, I hereby consent for the participant to be given medical care by the doctor selected by the instructor.

(Participant must have medical insurance to participate.)

Name of Participant: _____

Parent/Guardian Signature: _____

Insurance Coverage Company: _____

Policy #: _____ Group: _____