

High School Students AND College Students:

The Oklahoma State University Cheerleaders and Poms will be holding a College Prep Clinic on Sunday, February 28, 2010 from noon to 5p.m. for any of you that are interested in cheerleading or dancing at the college level. This clinic will inform you about our spirit program and help prepare you for college level tryouts.

At this clinic, you will spend the entire afternoon with the Oklahoma State University Cheerleaders and Poms learning college level material and tips. Also, during the clinic you will have an opportunity to meet LeRoy McCullough (OSU Cheer Coach) and Tracey Wittwer (OSU Spirit Coordinator and Pom Coach) and ask any questions that you might have regarding the OSU Spirit Program. This will be a fun-filled afternoon in a non-stress, non-pressure and safe environment.

The clinic will be held at Oklahoma State University's own Gallagher-Iba Arena on Sunday, February 28, 2010 from noon until 5p.m. Check-in will begin promptly at noon in the North East Lobby of Gallagher-Iba. **MAKE SURE YOU HAVE EATEN BEFORE THE CLINIC BEGINS!** You will need lots of energy!

Please print off, fill out and sign the College Prep Registration Form and the College Prep Statement of Understanding found below. Both forms, along with your check for \$45.00 (made out to Cowboy Spirit) must be filled out and mailed to OSU Spirit, Gallagher-Iba Arena, Stillwater, OK, 74078 no later than Friday, February 22, 2010.

Each participant will receive an OSU Spirit T-Shirt. Make sure you include your t-shirt size on the registration form.

WHAT TO WEAR? Cheerleaders can wear sports bras or t-shirts with shorts or tights. Dancers can wear sports bras or t-shirts with shorts, tights or dance pants and dance shoes.

ALL PARTICIPANTS WILL NEED TO SHOW PROOF OF CURRENT MEDICAL INSURANCE UPON CHECK-IN.

Please feel free to e-mail us if you have questions regarding this clinic.

OSU Cheerleading Coach
LeRoy McCullough
lermac1@aol.com

OSU Pom Coach
Tracey Wittwer
tracey@osuspirit.com

To learn more about our spirit program, please visit our website at www.osuspirit.com.

WE ARE VERY EXCITED ABOUT SEEING YOU ON FEBRUARY 28, 2010!

OKLAHOMA STATE UNIVERSITY CHEER AND DANCE
2010 COLLEGE PREP CLINIC
SUNDAY, FEBRUARY 28, 2010
REGISTRATION FORM

PRINT THIS FORM, FILL OUT AND MAIL TO OSU SPIRIT, GALLAGHER-IBA
ARENA, STILLWATER, OK 74078. INCLUDE SIGNED STATEMENT OF
UNDERSTANDING FORM AND CHECK FOR \$45.00 (made out to Cowboy Spirit).
MUST BE MAILED BY FEBURARY 22, 2010.

NAME (please print clearly) _____

ADDRESS _____

CITY, STATE, ZIP _____

GRADE (please circle one) FR SO JR SR College Student

(please check one that applies) Cheerleader _____ Dancer _____

SCHOOL PRESENTLY ATTENDING _____

CELL # (____) _____ T-SHIRT SIZE _____ E-MAIL _____

INSURANCE CARRIER _____ POLICY # _____

INSURANCE POLICY HOLDER'S NAME _____

OKLAHOMA STATE UNIVERSITY CHEER AND DANCE
2010 COLLEGE PREP CLINIC
SUNDAY, FEBRUARY 28, 2010
STATEMENT OF UNDERSTANDING

I hereby certify that I fully understand the following:

1. Cheerleading and Dance involves some amount of danger of personal injury. Cheerleading involves a variety of gymnastics, motions, partner stunts, jumps, tosses, rotations and heights. Dance involves a variety of leaps, turns, kicks and motions. I totally assume the risks involved by participating in this cheerleading and dance college prep clinic. I further realize that improper conduct of cheerleading or dance activity could result in catastrophic injury, paralysis or even death.
2. I hereby certify that I have read, am thoroughly familiar with, and will carefully abide by the American Association for Cheerleading Coaches and Advisors (AACCA) guidelines for safety in college cheerleading (THIS WILL BE POSTED IN THE GYM).
3. I further agree to hold harmless the Oklahoma State University and the Oklahoma State University Athletics Department, officers, directors, staff and cheerleading and dance coaches and officials for any injury which I may incur by being a participant in the cheerleading and dance college prep clinic.

Medical Insurance Company _____

Policy Number _____

Policy Holder's Name _____

Policy Holder's Phone Number _____

STATEMENT: I have read carefully this memorandum and I understand and accept the information and requirements contained in it.

Participant Name (please print) _____

Participant Signature _____ Date _____

IF UNDER THE AGE OF 18, A PARENT OR GUARDIAN MUST SIGN BELOW.

Parent/Guardian Signature _____ Date _____

