

Providence Catholic High School Cheerleading Program



1800 W. Lincoln Highway • New Lenox, IL 60451 • (815) 485-2136 • www.providencecatholic.org

Cheerleading webpage: <http://il.8to18.com/providence/activities/cheerleading/g>

Follow us on Twitter: @PCGirlsInGreen Follow us on Instagram: @ProvidenceCatholicCheer

Mon., Oct. 8, 2018 Columbus Day Cheerleading Clinic Registration

Grades: K-8th graders; individuals and teams are welcome!

Location: Sacred Heart Gym

Times: **Check-In:** 9:00 AM **Clinic Starts:** 9:30 AM **Performance:** 12:00 PM **Dismissal:** 12:30 PM

Fee: \$40 per participant includes a PCHS cheerleading tee shirt and a season pass to PCHS home athletic events for the 2018-2019 season. **Registration form and payment due by Fri., Sept. 28, 2018.**

Participants will learn stunting, jumps, motions and chants with the PC cheerleaders and coaches. Each grade group will have a mini performance choreographed for them. Participants may perform tumbling skills they can already execute on their own. A light snack will be provided during the clinic (please bring your own water). At 12:00 PM, family and friends are invited to the PCHS Main Gym for short performances by the participants! ****For stunt safety, please remove all jewelry before arriving to the clinic, have hair pulled back in a ponytail, and finger nails cut to fingertips. Wear athletic shoes with shoe laces, athletic shorts, and a short-sleeve tee shirt that covers shoulders and tummy.****



Help Us to Help Others

The PCHS cheerleaders pride themselves on their commitment to giving back to the community. Food pantries and homeless shelters are in need of restocking their food supplies. Please bring any non-perishable breakfast item to the PCHS gym when you check in for the clinic: a box of cereal, oatmeal, pancake mix and syrup, breakfast bars, etc. Thank you for being part of Providence Catholic's community spirit!

We expect another large turn-out this year! If you have any questions, please contact Head Varsity Coach Taylor Stanish at tstanish@providencecatholic.org

SHADOW DAYS

8th Graders (1st Semester)
7th & 8th Graders (2nd Semester)
Shadow a PCHS cheerleader

OPEN HOUSE

All families invited
Sunday, November 18, 2018
10 am - 2 pm

PLACEMENT EXAM

8th Graders
Saturday, December 1, 2018
8 am -11:30 am

Experience being a PCHS student for the day by shadowing a PCHS Cheerleader!

Register for a Shadow Day on-line at: <http://www.providencecatholic.org/admissions/shadow-days/>

Questions? Contact Rachel Ellingson, Enrollment Director, at (815) 717-3160.

"This activity is sponsored by Providence Catholic High School. This organization is not affiliated with District 91. District 91 does not sponsor or endorse this organization or its activities. This flyer has been made available to students pursuant to the District's policy governing the distribution of written materials from non-school organizations."



Registration Form for Providence Catholic Oct. 8, 2018 Columbus Day Cheerleading Clinic

Return this registration form and \$40 clinic fee **before Fri., Sept. 28, 2018** PLEASE FILL OUT ONE FORM PER CHILD.

Participant's Last Name: _____ First Name: _____

School: _____ Grade: K 1 2 3 4 5 6 7 8

Home Telephone #: _____ Parent's Cell/Emergency #: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Current Cheerleading Team/Program: _____

Tee Shirt Size: YS YM YL AS AM AL Returning Participant First-Time Participant

Parent/Guardian Name(s): _____

Parent/Guardian Email Address: _____

I give permission for my child to participate in the Providence Catholic High School Columbus Day Cheer Clinic.

Parent's/Guardian's Signature: _____ Date: _____

PLEASE MAIL YOUR REGISTRATION FORM AND CLINIC FEE TO:

Checks payable to: Providence Catholic High School; "Columbus Day Cheer Clinic" in check memo.

Mail to: Providence Catholic Columbus Day Cheer Clinic

Attention: Coach Taylor Stanish

1800 W. Lincoln Highway

New Lenox, IL 60451

NOTE: Providence Catholic High School reserves the right to photograph participants for the purpose of marketing.

~~ For Office Use Only ~~
Date Registration and Payment Received: _____
Amount: \$ _____ Check #: _____