



# Half - Season Cheer Team

## Description:

This popular 1/2 season team is designed to teach the fundamentals of cheerleading. No experience is needed. Athletes will learn a full routine with tumbling, dance, stunts, jumps and performance skills and they get to perform in 3 special events! It's a great experience balanced with fun, fitness and confidence building. Our Dakota Spirit mission is to promote the spiritual, physical and mental development of youth through cheerleading.

## Ages:

Open to boys & girls in K-6th Grade.

## Low Cost:

\$225 Full payment or two payments of \$120 each. Payment includes January-March Classes, 3 performances, Performance Top & Cheer bow. Athlete provides black spandex athletic shorts for practice & performance.

## Practice Dates & Times:

10:30 am -12:00 noon on Saturdays

January 12, 19, 26

February 2, 9, 23

\*No practice President's Break Feb 16

March 2, 16, 23, 30

\*No practice on March 9

## Performance Dates:

Valentine's Classic Cheer & Dance Competition:

Jan 27

Sanford Pentagon

Sioux Falls Skyforce

March 17

Sanford Pentagon

Spiritfest

April (TBA first week)

DS Season Finale

## To Register:

Complete the form and send with payment to: Dakota Spirit, 3910 W 59th Street, Sioux Falls, SD 57108

\*Team size is limited and fills quickly. We recommend registering as early as possible to guarantee placement.

## Payment Options:

1. Full payment: \$225 in full with Registration Form due by Jan 3
2. 2 Payments: \$120 due by Jan 3 with Registration form & \$120 due February 1.
3. Forms of payment include Check, Cash or Credit Card/Debit Card

## Performance Top & Cheer Bow:

Performance top and hair bow are included in the one low price.

Athlete will provide their own black spandex athletic shorts for practice & performance

## What to wear to practice:

Black Shorts, T shirt, white cheer or athletic shoes, hair in ponytail, no earrings. DS practice shirts are available for purchase if interested. Low cost Cheer shoes available at Empire Mall Payless Shoes (mention DS discount).

**Family Rate:** Full price for first child, \$25 tuition break for sibling!

## CONTACT INFORMATION: 605.373.0414

### Directors:

Robin Fritsch

Email: Robin.fritsch@dakotaspirit.com

Phone: 605.373.0414

Joanna Fritsch

Email: Joanna.fritsch@dakotaspirit.com

Phone: 605.373.0414

**Bookkeeper:** Linda Lepp

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# Athlete Information 2018 - 2019

## Athlete Information

Athlete's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian Student lives with: \_\_\_\_\_ Athlete's age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Person responsible for payment: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_ Email for Primary Contact: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

My child has the following health conditions, allergies or physical limitations:  
Please list all medications and their purpose:  
Previous injuries:

Performance Top Size: \_\_\_\_\_ (Youth XS, small, medium, large or Adult small, medium, large)

## Emergency Contact Information (In the event parent/guardian cannot be reached)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Tuition Payment: Due January 3

Payment includes: Team practice, performances, top and Hair Bow.

\_\_\_\_\_ Option 1: Full Tuition Payment of \$225, due with registration form by January 3

\_\_\_\_\_ Option 2: Two Tuition Payments of \$120 each, due January 3 and February 3

Cash, Check, or Credit/Debit Card\* Payment acceptable. \*Card admin fee applies.

Tuition Assistance is provided for those in financial need. Call or email to request a Financial Assistance form. We are a United Way Connecting Kids provider

## Parent Waiver

I agree to the tuition terms of participation and understand payment is due with Registration form. If I choose to leave the program I understand I am responsible for all costs. I verify that my child is in good health and has no preexisting conditions or restrictions that would prevent her/him from fully participating. I understand there are risks with cheerleading and my child may be injured while participating. I agree to release Dakota Spirit from responsibility for any injuries or illness obtained by my child. I understand that safety and the welfare of all students is of utmost concern. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my child's participation in the Activity.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_