



2020 Dakota Spirit Half Season Cheer Team

Description

This popular half season team is designed to teach the fundamentals of cheerleading. No experience is needed. Students will learn cheerleading skills and a fun routine including tumbling, dance, stunts and more. The team will perform in 3 special events. Our Dakota Spirit mission is to promote the spiritual, physical and mental development of youth through cheerleading.

Ages

Open to boys & girls in K-8th grade

Low Cost

The \$245 Total Payment includes January-March Classes, 3 performances and the Performance Top & Cheer bow.

- The \$45 non-refundable deposit due with your registration forms
- The final \$200 balance is due by January 18th

Practice Dates & Time

10:00am-11:30am on the following Saturdays

January	18, 25	
February	1, 8, 15, 29	*Performance on Sat, Feb 22
March	7, 14, 28	*No practice Mar 21

Performances

Dakota Spirit Valentine's Classic	Sunday, January 26 th
Skyforce Game Half Time	Saturday, February 22 nd , 7:00 pm; Pentagon
DS Spiritfest	1 st week in April (tbd); Pentagon

To Register

1. Complete the fillable registration form online: www.dakotaspirit.com
2. Go to paypal and make your \$45 non-refundable deposit no later than December 30th
 - o Note: Deposit requirement increases to \$55 when payment is made after Dec 30th
3. Save \$5 by making a full payment in the amount of \$240.
4. Final payment of \$200 due on or before January 18th. Drop in lower lock box at DS or send to Dakota Spirit via USPS using the address below.

You may also complete the attached form and send with payment to:

Dakota Spirit
3910 W 59th St
Sioux Falls, SD 57108

Performance Top & Cheer Bow

- Performance top and hair bow are included in the low price. Include athlete's size on the Registration Form.
- Athlete will provide their own black spandex athletic shorts & solid white cheer shoes

What to wear to practice

- White athletic cheer shoes, Black Shorts, T-shirt, hair in ponytail, no earrings.

For more information contact our office at 605-373-0414 or email robin.fritsch@dakotaspirit.com



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Athlete's Name: _____ School: _____

Address: _____ City: _____ State: _____ ZIP: _____

Parent Name: _____ Phone: _____

Parent Email: _____

Parent responsible for payment: Mother/Father/Other: _____

Parent Email: _____ Phone: _____

Tuition Payment Payment Includes Practices, Performances, Performance Bow and Top	
Athlete's Top Size	Youth Sizes: <input type="checkbox"/> YXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL Adult Sizes: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
<input type="checkbox"/> \$45 Non-Refundable Deposit	\$200 Balance Due on or Before January 18 th
<input type="checkbox"/> \$240 Full Tuition Payment	Due with Registration Form by December 30 th
Cash, Check or *Credit/Debit Card Payment Acceptable *Administrative Fee Applied for Credit & Debit Card Processing	

Tuition Assistance is provided for those who qualify.
 Call 605-373-0414 or email info@dakotaspirt.com to request a Financial Assistance form.
 We are a United Way Connecting Kids provider.
 There is a \$25 discount for sibling athlete registrations.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

1. As legal guardian/parent I fully understand that I am responsible for payment of expenses incurred relating to my child's/athletes medical treatment as a participant in the activities of Dakota Spirit, LLC.
2. I certify that Minor is physically capable and has no previous injuries that will affect participation in Dakota Spirit, LLC.
3. I hereby have been forewarned that participation in Dakota Spirit has the following non-exhaustive list of particular risks and injuries including but not limited to: sprains, strains, abrasions, dislocations, fractures, concussion, contusions, blisters, head and neck injuries, illness, and possible death.
4. I understand that Dakota Spirit strives to provide the maximum in safety precaution & Athlete training.
5. I give permission for any medical treatment necessary in the event of illness or injury at practice, events, travel, competitions, or any event we participate in with Dakota Spirit. This includes emergency transportation.
6. I have provided accurate health information/medical conditions regarding my child and agree to notify Dakota Spirit staff in writing of any changes or conditions during her/his participation.
7. I grant permission for my child to be photographed, videotaped, or interviewed for the website, publications or press. I allow my child to be featured on Dakota Spirit social media channels.
8. I give permission for my child to participate in all DS events and am fully aware that I am responsible for my child.
9. I understand that a doctor's clearance is required for any lost time injury and return to participation including specific athletic restrictions for participation.
10. I understand I am required to provide written notice if my child drops from the program and I understand/agree to the drop terms of the tuition agreement for my child.

Athlete and Parent Consent

Athlete/Parent: Athlete/Parent: In consideration of participating in the Dakota Spirit, LLC program or DSCP activities, I represent that I understand the nature of this Activity and that athlete is qualified, in good health, and in proper physical condition to participate in such Activity. 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 serious 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; 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 participation in the Activity.

I hereby release, discharge, and covenant not to sue Dakota Spirit, LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Athlete Name: _____ Athlete Signature: _____ Date: _____

Parent Name: _____ Parent Signature: _____ Date: _____