

# DAKOTA VARSITY CHEER TEAM



## 22nd Annual Jr. Cheer Clinic

<b>Clinic Day</b> <b>Thursday, October 16<sup>th</sup>, 2025</b> <b>5:30PM – 8:00PM</b> <b>Dakota 9<sup>th</sup> Grade Center</b>	<b>Dakota Varsity Football Game vs Utica</b> <b>Friday, October 17<sup>th</sup>, 2025</b> <b>Dakota Stadium</b>
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REGISTRATION FEE: \$50 Register by: October 8<sup>th</sup>, 2025 (Non-refundable after October 12<sup>th</sup>, 2025)

- ★ The Cheer Clinic is open to everyone in Grades PRE–K (age 4) – 8th.
- ★ Instructors will consist of the Dakota Cheer Coaching Staff & Varsity Team
- ★ Clinic will include: Warm-up, Cheer Skills, Basic Stunting & Tumbling, Sideline Chants and a Cool Down. We will also provide a snack and drink.
- ★ Every pre-registered participant will receive a T-Shirt, cheer bow and entrance into the October 17<sup>th</sup> Varsity Football Game to cheer with the Varsity Cheer Team. Registration after October 8<sup>th</sup> will not guarantee a T-shirt.
- ★ NOTE: Family & friends attending the game will be required to pay the athletic entrance fee into the game. All participants must be accompanied by an adult for this event.
- ★ \*\*Dakota Cheer Team and/or Coaches will not be responsible for supervision once the sideline performance is complete \*\*
- ★ REGISTER ON LINE: <https://chippewavalleyschools.ce.eleyo.com/>
- ★ Payment can be made by VISA or MasterCard. Payment due at time of registration.
- ★ Payment can be made in person OR mailed by completing and mailing the bottom of this form to: Chippewa Valley Schools, 19120 Cass Ave. Clinton Township, 48038 or Little Turtle: 50375 Card Rd, Macomb 48044.
- ★ Checks payable to: Chippewa Valley Schools. A \$20.00 fee will be assessed for all returned checks.
- ★ E-mail questions to: Michela Worthy, Dakota Head Varsity Cheer Coach at [mworthy@cvs.k12.mi.us](mailto:mworthy@cvs.k12.mi.us)

### 2025 DAKOTA CHEER TEAM CLINIC

DAKOTA VARSITY FOOTBALL GAME – SIDELINE CHEER REGISTRATION FEE - \$50.00 NON REFUNDABLE AFTER  
October 12<sup>th</sup>, 2025 Cancellation fee of - \$25.00 Prior to October 8<sup>th</sup>, 2025

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_

Parent Name: \_\_\_\_\_ E-mail address \_\_\_\_\_

Check number: \_\_\_\_\_ Visa/MC \_\_\_\_\_ Exp date: \_\_\_\_\_

Signature \_\_\_\_\_

Shirt size – YS      YM      YL      AS      AM      AL (Please circle size needed)

**GO COUGARS!**