



The goal of the **Chippewa Valley Middle School Cheer League** is to introduce young cheerleaders to the sport of competitive cheer and prepare them for cheering in high school. The focus will be on building foundational skills including cheer motions, jumps, tumbling, stunts, and flexibility.

This team is open to **Iroquois & Seneca 7th and 8th grade girls.**

Mandatory practices *begin* the **week of 12/1/25** through **2/5/26** and will be held at the **Dakota Ninth Grade Center** from **6:30 - 8:30 pm** on **Mondays, Wednesdays***, and **Thursdays** (12/1, 12/3, 12/4, 12/8, 12/10, 12/11, 12/15, 12/17, 12/18, 1/5, 1/7, 1/8, 1/12, 1/14, 1/15, 1/21, 1/22, 1/26, 1/28, 1/29, 2/2, 2/4, 2/5). **Wednesday*** practices will include ~ 1 hour of tumbling provided by A3 Sports.

Participants will compete at **2 competitions** *tentatively scheduled* for **1/31 and 2/6**.
Roster limitation of 24 participants.

Contact Coach Kristy Lee with questions
kristen.lee@romeok12.org, 586-201-9451

REGISTRATION FEE: \$400

The cost of the team includes a bow and uniform (shoes not included), as well as all practices (23), tumbling (8), and competitions (2).

Last day to register: Friday 12/1/25

REGISTER ONLINE:

chippewavalleyschools.ce.eleyo.com/course/1127/camps-clinics-and-leagues-2025-26/chippewa-valley-middle-school-cheer-league-north#cvcln-winter25

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 returning the form on the next page 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.

Chippewa Valley Middle School

Cheer League North - Winter 25/26

REGISTRATION FEE - \$400.00 | Cancellation fee of - \$25.00 Prior to 12/1/25

Participant's Name: _____ DOB: _____

School: _____ Grade: _____

T-Shirt Size: Clearly Circle One YS / YM / YL / YXL / AS / AM / AL / AXL / A2XL / A3XL

Parent Name: _____ E-Mail: _____

Address: _____

City: _____ Zip: _____ Phone #: _____

Method of Payment:

☐ Cash

☐ Check Check number: _____

☐ Credit Credit Card #: _____ Exp Date: _____

Signature: _____



Scan to Register