

St. Ambrose of Woodbury

2009 CHEERLEADING SIGN-UP



FAQ's:

Who can sign up? St. Ambrose students Grades 5 - 8

What Options are Available? One or More squads as follows...

- **Sideline Cheer Only:** Our teams cheer at home and playoff basketball games throughout the Catholic Athletic Association of Saint Paul. Summer parades may be included with an optional summer camp available for an additional fee. (Limited Practice in Oct. & Nov.)
- **Sideline and Competition Cheer:** Along with sideline cheer listed above, Students will cheer three to four mandatory competitions with public and private schools throughout the metro area. (Consistent attendance at practices required- Mostly Sept. - Feb.)

How long is the cheer season? Our season generally runs from the end of August through March. Competitions are held in November, December and January, with sideline cheer running from December to March. There is an optional summer camp for an additional fee and possible summer parades. Summer practices are required to prepare for camp and/or parades.

How often do cheerleaders practice? Cheerleading practices are held twice a week. During Competition season additional practices may be called. During Basketball season we will have three "cheer events" a week, just as other St. Ambrose sports. There will be summer practices.

Can a cheerleader play additional sports? The cheer season spans both the fall and winter athletic seasons. If you would like to play St. Ambrose volleyball or soccer, there may be a conflict so please contact Coach Tami. Typically fall or spring sports can work with cheerleading.

What is the Athletic Fee for Cheerleading? The cheerleading fee is \$100.00 for Sideline Only and \$115.00 for Sideline and Competition Cheer. Fees should be paid with registration. (Registration Form below) The fee covers uniform skirts and shells, which must be returned at the end of the season, as well as, entry fees for parades and competitions.

Are there additional uniform requirements for Cheerleading? Cheerleaders are required to purchase personal items as follows: Hair bow, body liner, briefs, poms and shoes. Other apparel items are optional. Our goal is to enable everyone to participate. Apparel arrangements can be made by contacting Coach Tami.

What if I have more Questions? There will be an upcoming parent meeting for all parents. OR, contact the Cheerleading Coach, Tami Stauffacher, at ktstauffacher@msn.com.



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THIS FORM *and* THE MEDICAL RELEASE FORM MUST BE RETURNED BEFORE PARTICIPATING IN ANY CHEER EVENTS.

Name: _____
Please Print

Grade: _____ (Fall 2009) Gender: _____ M / F Cheer Option: _____
Sideline Only
_____ Comp & Sideline
(Please "X" one)

Parent/Guardian
Names: _____
Please Print Please Print

Home Phone: _____

Cell Phone: _____ Belongs to: _____

Cell Phone: _____ Belongs to: _____

Cell Phone: _____ Belongs to: _____

Parent/Guardian/Athlete
E-Mail: _____
Please Print Address Owner

Please Print Address Owner

Please Print Address Owner

In the case where a coach is unable to contact you in case of an emergency, please provide the name of a person authorized to pick-up your child during or after cheerleading events.

Emergency Contact: _____
Name Phone

Payment Included with registration: \$100.00 (Sideline Only) or \$115.00 (Competition & Sideline)
(Please circle one and include check payable to St. Ambrose of Woodbury)

Parent/Guardian
Signature(s): _____
Date: _____ Date: _____

Please inform coach of any changes to this information during the 2009-2010 Cheer Season.

2009 - 2010 MEDICAL INFORMATION FORM

Saint Ambrose of Woodbury Catholic School

4125 Woodbury Drive - Woodbury, MN 55119

Athletic Director - Tim Demco (651) 768-3053

Please complete the information requested on this form. This information will accompany your child's team at practices, games and tournaments and competitions. The medical information you provide will be used exclusively to inform first responders, paramedics and physicians in the event of an accident or injury at a school-sponsored or approved athletic event, to contact appropriate physicians, to contact parents/guardians if the need arises and complete medical waiver forms. NO other purpose exists for this form, and it will be destroyed at the end of the school year.

Student Name: _____ Grade: _____ Birth date: _____
Please Print (Fall of 2009) M/D/Y

Parents/
Guardians: _____
Please Print Please Print

Parent/Guardian
Signatures: _____

Home Phone Number: _____ 2nd Home Number: _____

Work Phone Number: _____ Cell Number: _____

Work Phone Number: _____ Cell Number: _____

Home Address(es): _____
Street City Zip

Please Provide the medical information below so that it's available in the event of an emergency and to complete competition medical waivers.

Emergency Contact: _____ Phone: _____

Doctor or Clinic: _____ Phone: _____

Hospital: _____ Phone: _____

Insurance Carrier: _____ Phone: _____

Policy Number: _____

Special Issues: (Pre-existing conditions, injuries, allergies, asthma)

**THIS FORM MUST BE RETURNED TO THE ATHLETIC DIRECTOR PRIOR TO PRACTICE,
CHEERING A GAME, PARADES OR COMPETITIONS.**