

# ANNE ARUNDEL COUNTY 3<sup>rd</sup> ANNUAL CHEER DAY



**DATE:** Saturday, August 8, 2009

**TIME:** 10:00 AM to 12:30 PM - Check-In is as early as 9:30 AM

**LOCATION:** Annapolis Area Christian School, 109 Burns Crossing Rd, Severn, Md

**Directions:** From I-97: Take MD-32 via Exit 7 toward MD-3 S/Columbia/Bowie. Merge onto MD-170 N/Telegraph Rd toward Severn. Turn Slight RIGHT onto OLD MILL RD. Turn LEFT onto BURNS CROSSING RD. End at 109 Burns Crossing Road. When entering the park, please proceed towards back of complex. We will have the "entrance" for Cheer Day marked.

**COST:** \$5 per cheerleader, payable in Cash at Check-In

Open to all Ages 4 to 14.

NO PRIOR CHEERLEADING EXPERIENCE NEEDED.

**INCLEMENT WEATHER:** Cheer Day will be held inside (rain or shine)

**PROGRAM:** Cheerleaders will participate in game and will be taught cheerleading skills, learning JUMPS, MOTIONS, a CHEER, new CHANTS, a DANCE.

Cheerleaders will be instructed on SAFETY and given an overview on TUMBLING & STUNTS. Emphasis is on FUN IN CHEERLEADING and to encourage the sport of CHEERLEADING within AA COUNTY.



There will be RAFFLES & PRIZES presented at the end of the day.

Participants are encouraged to bring their own water bottles.

Concessions will be available for purchase.

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Please complete the registration form below and turn in at check-in.

Individuals will not be able to participate if the following *permission form* is NOT presented.

"Pre-registration" is encouraged. Participants may pre-register by providing the information requested below to their AAYCA organization's director or by emailing AAYCA at: [contact.aayca@yahoo.com](mailto:contact.aayca@yahoo.com)

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ORGANIZATION CHEERING WITH, IF APPLICABLE: \_\_\_\_\_

CONTACT NAME & PHONE # (day of the event): \_\_\_\_\_

Parent/Guardian Permission:

*I understand that my child will be attending the AA County 3<sup>rd</sup> Annual Cheer Day on Saturday, August 8 at Annapolis Area Christian School from 10am to 12:30pm. I assume all responsibilities for my child at the clinic.*

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Parent/Guardian Signature & Date