



INTRODUCING
Dakota Spirit Half Season Cheer Team!
3 months to try a Dakota Spirit Cheer team!

The Dakota Spirit ½ season team gives students the opportunity to try a cheer team with a short term commitment! No experience needed! Students will learn a full routine including tumbling, dance, stunts, motion technique & cheer. Best of all cheerleaders perform in 3 special events!

Join us for fun, fitness, confidence building and GREAT experience! Open to all boys & girls in
Grades K-6th!

LOW COST!

\$225-Includes 10 team practices, 3 fun performances, Performance top & cheer bow! You provide the black shorts!

Payment Options: You pick!

1. Full payment: \$225
2. Two Payments: 1st payment: \$120 due with Registration form- 2nd Payment: \$120 due February 4
3. Tuition Assistance: *Need Based, must include United Way Connecting Kids Certificate, \$150
4. Family Rate: full price for first child, \$25 tuition break for sibling!

REGISTER NOW!

Team size is limited and will fill quickly. DEADLINE to register: January 1
Registration Form is online at www.dakotaspirit.com.

Return to: Dakota Spirit
3910 W 59th Street
Sioux Falls, SD 57108

Become a cheerleader in just 10 practices!

Saturdays-10:30am-12:00pm

January 13, 20, 27

February 3, 10, 24 *No practice Feb. 17 for President's Break

March 3, 10, 17

What to wear to practice: Shorts, T shirt, cheer shoes, hair in ponytail or off face, and no jewelry.

Perform at these BIG events!

January 21: DS Valentine's Classic at the Pentagon

March 18: Rumble in the Jungle at the Swiftel Center in Brookings

March: TBD: DS Spiritfest

Your cost includes:

Practices, Performances & Performance top & cheerbow! *Athlete provides black shorts

MORE INFO! Contact us office at 373-0414 or email robin.fritsch@dakotaspirit.com. Check out Dakota Spirit on Facebook, Twitter, Instagram or website, www.dakotaspirit.com

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2018 DAKOTA SPIRIT
1/2 Season Performance Team Registration
Registration Fee Due with Agreement

Office Use Only
 Registration Received
 Date: _____

Athlete's Name: _____ Date of Birth: _____ Grade: _____
 Name of Parent/Guardian Student lives with: _____ Athlete's age: _____
 Address: _____ City: _____ State: _____ Zip: _____
 School: _____

Name of Parent/Guardian responsible for payment: _____ Phone: _____

Name of Primary Contact: _____ Email for Primary Contact: _____

Mother's Phone: _____ Father's Phone: _____

Health Insurance company: _____ Policy Number: _____

My child has the following health conditions, allergies:

Medications: _____ Physical Limitations: _____ Previous Injuries: _____

Performance Top Size" Youth small, medium, large, Adult small, medium, large
These are sleeveless racer back tops with trim, run slightly small.

EMERGENCY CONTACT: (In the event parent/guardian cannot be reached)

Name _____ Relationship _____ Phone Number _____

TUITION PAYMENT OPTIONS - Please check one

Payment includes: Team practices & performances, Performance top & Hair bow.

- | | | | | |
|----------|-----------------------------|-----------------------------|-------|---------------------------------------|
| Option 1 | _____ Full Tuition Payment: | Due with Registration form | \$225 | Jan 5 |
| Option 2 | _____ Two payments: | Due with Registration form: | \$120 | Due Feb 1: \$120 |
| Option 3 | _____ Tuition Assistance*** | Due with Registration form: | \$ 75 | Due Feb 1: \$ 75 |
| Option 4 | _____ Credit Card Payment | Due with Registration form | \$225 | Due Jan 5 *plus 3% CC convenience fee |

*For Tuition Assistance parent must complete financial assistance form and qualify based on income.
 Please provide United Way Connecting Kids Certificate.
 Family Rate: full price for 1st child, \$25 tuition break for sibling!

I agree to the payment terms in this payment agreement. I understand the Registration fee and all required forms are due in order for membership to be accepted. I understand my child's participation is a commitment for the entire season and all payments are nonrefundable. If I choose to leave the program I understand I am obligated to give written notification and will be responsible for all costs. I understand I will be dropped from the program if tuition is not paid. I understand there will be a \$30 charge for returned checks. . I have read, understand and agree to the above terms and all costs and payments.

Signature _____ Print Name _____

Date _____

Date _____

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