



The Kiowa County JH & HS cheerleaders will be hosting Little Pepsters!!

We will practice:

Monday, Jan. 10th 3:45pm – 4:45pm Rec Gym
Tuesday, Jan. 11th 5:30pm – 6:30pm Rec Gym
Thursday, Jan. 13th 6:00pm – 7:00pm KCHS Main Gym

No transportation will be provided. Parents may not enter the building for practices, cheerleaders will pick the Pepsters up at the Main west entrance door on Wednesday and have them there when finished! Thank you.

This is for 3yr olds – 6th grade.

COST: \$20 Make checks to USD 422

If you paid last October for the performance that was canceled, you are paid in full!

They **MUST** wear tennis shoes! **NO** jewelry, candy or gum.

PERFORMANCE: We will perform at the pep assembly on Friday, Jan. 14th at 3:10pm. If your Pepster is not in school at that time, please have them there by 3:05pm. The main Performance will be at half-time of the KCHS Boys basketball game on Friday, January 14th. Please have your Little Pepster there & ready to go by 7:30 pm. Your Pepsters will need to sit with you until we announce for them to meet us. We will meet in front of the library to warm up.

If you didn't turn a sheet in last fall or if you are unsure and want your child to participate, PLEASE FILL OUT THE ATTACHED SHEET & TURN INTO SCHOOL OFFICE, with payment, by Monday, Jan. 10th.

Thank you!



Child's name: _____

T-shirt size: _____ YXS(2-4); YS (6-8); YM (10-12); YL (14-16); Adult – S, M, L, XL

Optional pink/white Bow: yes or no. (circle one/included in cost)

WAIVER OF LIABILITY/MEDICAL RELEASE FORM

I hereby waive and absolve Kiowa County Schools, and all divisions thereof, of any and all liability and responsibility for injuries, accidents or sickness incurred during participation in and/or instruction of clinics, games, private coaching, and/or any other cheerleading related activity by myself/my child, whose name is

_____.

In the event of injury/accident/sickness, KC Cheerleading coaches, cheerleaders and/or instructors are to contact the designated adult listed below.

Signature of Parent/Guardian

Date

Participant's Name _____ Age _____

Contact Information (please note to any allergies to medications on this form)

Guardian's Name _____

Relationship _____

Full Address _____

Home Phone _____ Cell Phone _____

Is your child allowed to walk home after practice? Yes or NO (circle one) Please list other people allowed to pick your child up.