

# Grimes Parks & Recreation Department

Telephone: (515) 986-2143

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[www.grimesiowa.gov](http://www.grimesiowa.gov)

CITY OF  
**GRIMES**



## Grimes Rec Cheerleading Clinic

### Program Description:

The purpose of this camp is for the kids to learn basic cheers, jumps and dance techniques used in cheerleading. Students learn a cheer dance, a cheer, and work on jumps. Students will present their cheer and cheer dance to parents on the last day of the camp. Kids should wear shorts/tank top or leotard, and tennis shoes. No jean shorts or baggie t-shirts.

**Who:** For Kids Ages 4 - 7

**Where:** Grimes Community Complex Gymnasium

**Date:** Mondays, June 7 – June 28 (Deadline is May 26.)

**Time:** Ages 4-6: 5:30pm-6:15pm **FULL**  
Ages 5-7: 6:30-7:15pm **Newly Opened!**

**Questions:** Contact Brett Barber, Grimes Parks & Recreation Director at [bbarber@ci.grimes.ia.us](mailto:bbarber@ci.grimes.ia.us) or by phone at 986-2143.

**To Register:** ONLINE REGISTRATION IS AVAILABLE. Or you can pay with cash/check to **City of Grimes** and bring in registration to the Rec Office. OR Mail to 410 SE Main St. in Grimes, Iowa 50111

**Cost:** \$25 per child that includes a t-shirt



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### 2010 "Grimes Rec Cheer Clinic" Registration Form

PARTICIPANT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

I would like to be added to the Grimes Parks and Rec Email List: YES NO ALREADY ON LIST

T-Shirt Size (Circle): YS YM YL AS AM AL AXL

Please Circle. 5:30pm Group 6:30pm Group

#### Release and Indemnification Agreement:

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Grimes Parks & Recreation Office Location ~ 410 SE Main St. in Grimes**