Wee Cheer 2026

In order to raise funds for the MHS Cheerleading Program, the Metter High School Varsity Sideline and Competitive Cheerleaders will be hosting a cheerleading clinic for any girls in grades Pre-K through 5th who are interested in cheerleading. The clinic will be held Tuesday, September 1st – Thursday, September 3rd from 3:00-5:15. The Wee Cheer participants will perform for family and friends on Thursday, September 3rd at 5:30 PM in the MMS Gym. Doors will open at 5:15 PM. Wee Cheer participants will also cheer PRIOR to our football game on Friday night, September 4th. Each cheerleader and one parent will receive free entry into Friday night's game.

The cost of the Wee Cheer Clinic is $65 per child. Please make all checks payable to the MHS Cheerleading Program. Payment AND Registration Form is Due before August 19th!

The clinic will include:

- Snacks and drinks Tuesday-Thursday
- T-shirt
- Cheerleading basic skills taught by the MHS Varsity Cheerleaders
- Performance at home football game on 9-4-26
- Free Admission ticket for participant plus 1 parent



Skills Taught:

- 1-2 cheers
- One dance
- Motions
- Jumps
- Basic Stunts
- Basic Tumbling

Because our Wee Cheer Camp is an after school activity, we will have a special dismissal for all MES participants. Each grade level teacher will receive a roster of participants and a name label for each. MES students will be released to MHS Cheerleaders at the end of their grade level hall at 2:45 on camp days. MHS Cheerleaders will take them to the Bigwood Room in the K-8 building for a snack and remain with them until the building has cleared. Once cleared, MHS Cheerleaders will escort their grade level group to the MMS Gym. Please plan to pick your child up at 5:15 p.m. in front of the interior entrance to the MMS gym. MHS Cheer parents will be in charge of dismissal.

Please dress your child in a t-shirt, shorts, socks and sneakers during the week.

Once your child's registration form and payment have been received, you will receive a confirmation text letting you know that your child has been successfully registered. Confirmation texts should be received by Friday, August 28th.

IF YOU DO NOT RECEIVE A TEXT, PLEASE EMAIL OR TEXT TO ENSURE THAT YOUR CHILD IS ON THE ROSTER FOR THE CAMP.

You may also go ahead and sign up for the Wee Cheer Remind Group.
Text: @weecheer26 to 81010.

If you have any questions, please contact:
Maggie Dollar, mdollar@metter.org 912-314-2605
Logan Wright, lwright@metter.org 478-232-2690

**Please return the registration form and money to any MHS Cheerleader by Wednesday, August 19th. Forms can also be returned to MES homeroom teachers no later than August 19th, 2026.

Wee Cheer Clinic Registration Form

Child's Name: _____

Parent/Guardian Name: _____

Home phone: _____Work Phone: _____

Cell Phone: _____

Emergency Contact (other than parent) & Phone Number: _____

Grade _____Age:_____ Homeroom Teacher: _____

Cheerleader Recruit: _____

T-Shirt Size: (circle one)

- YOUTH: X-Small Small Medium Large XL
- ADULT: Small Medium Large XL

PARTICIPATE RELEASE AND WAIVER FORM

For good and valuable consideration, the receipt and sufficient of which are hereby acknowledged, I _____, as parent or legal guardian of _____, a minor, hereby grant permission necessary to allow said Minor to participate in the above Clinic conducted by the MHS Cheerleaders. I acknowledge and agree, on my own behalf and on the behalf of said Minor, that such participation subjects said Minor, to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, on my own behalf of the Minor acknowledge that the Minor is assuming the risk of such illness or injury by participating in the Clinic. In event of such illness or injury, I authorize MHS to obtain necessary medical treatment of the said Minor and hereby, on my own behalf and on behalf of said Minor, release and hold harmless the MHS Cheerleaders and the hosting site, on whose premises the Clinic will occur. I further acknowledge and understand that I will be responsible for any and all medical bills that may be incurred on behalf of said Minor for any illness or injury that the Minor may sustain during the Clinic.

Parent/Guardian Signature:_____ Date:_____