

Mini Spirit Clinic
Fall 2025

Forms are due by 3:30pm on Friday, September 26, 2025

**Students participating in the Clinic will be picked up from their classroom hallways and walked to the Elementary Gym by the Cheerleaders. Intermediate students will be picked up from their classroom hallways and walk from LIS to LES by the Cheerleaders.

Clinics: Wednesday and Thursday, October 15th and 16th at the Elementary Gym from after school until 5:15pm. Please pick up your mini spirit participant promptly inside the Elementary Gym at 5:15pm. You will enter through Door 17. We cannot release them to leave on their own. Thanks!!!

Performance: Friday, October 17th, 2025 at 6:25pm BEFORE the Lansing High School Varsity Football Game at the High School Football Field. Be there by 6:00pm - We will meet and line up on the north side of the football field no later than 6:00pm.

*The participants will be released to their parents after the performance and we hope they will sit in the bleachers with their families to watch the game and help us cheer the LIONS on.

Cost: $30.00 (includes a special t-shirt - the t-shirt is used as the family football game pass for two adults and two children entering together to the football game/performance prior to 6:15pm).

*Snacks will be provided each day at the clinic.
*Bring your own water bottle to the clinic.
*Clothing for practice: Comfortable attire (shorts, sweats, t-shirts) and athletic shoes. ****Hard street shoes will not be permitted on the gym floor****
*Uniform for the performance: Specially designed t-shirt with black shorts, skirt or sweatpants and athletic shoes. In case of cold weather, long sleeved shirts under the t-shirts may be needed. (T-shirts will be handed out at the clinic on Thursday)

Questions??? Contact: Amber Bollin, Head High School Cheerleading Sponsor, 913-727-1100 ext 1110 or amber.bollin@lansinglions.org

****Return this form and money by 3:30pm on Friday, September 26th to Lansing Elementary or Lansing Intermediate School. Please respect our deadline**. We have to form groups with our leaders for safety and order t-shirts. **No refunds will be issued after Friday, September 26, 2025 since the t-shirts will be ordered**.

-Cut On Line Below-

Please keep the upper portion of this flier and return this portion with $30.00 (exact cash, money orders or check payable to Lansing High School). Return to Lansing Elementary or Lansing Intermediate School Office by 3:30pm on Friday, September 26th, 2025.

Child's Name: _____ Grade: _____ Teacher: _____
Parent/Guardian Name: _____ Telephone: _____

Please check shirt size desired (no returns or exchanges can be made) - Only **one** shirt per student.

_____ Youth Small (6-8) _____ Youth Medium (10-12) _____ Youth Large (14-16) _____ Youth XLarge (18-20)
_____ Adult Small (34-36) _____ Adult Medium (38-40) _____ Adult Large (42-44) _____ Adult XLarge (46-48)

I do hereby give me consent for my child to participate in the Mini Spirit Clinic - Fall 2025 from October 15th & 16th and the Performance October 17th, 2025.

Parent/Guardian: _____ Date: _____

Lansing School District
Medical Consent and Insurance Form

Student (Mini Spirit Clinic Participant): _____ Grade: _____

In the event of an emergency, when I (parent/guardian) or an emergency contact cannot be reached, permission is hereby given to the attending physician to proceed with a medical or minor surgical treatment, x-ray examinations and immunizations for the above named student. I understand that an attempt will be made to contact me in the most expeditious way possible. If the attending physician is not able to communicate with me, the emergency treatment is necessary for the best interest of the student may be given.

I verify that this student is covered by some type of accidental medical-hospital insurance that will cover her while attending school in this district and participating in activities sponsored by the school district.

Should the student require medical attention or hospitalization as a result of participation in any school sponsored activities; the school or sponsor will not be liable for the medical or hospital costs incurred. The student's insurance will cover the cost of such accidents, and we do not wish to purchase insurance offered by the school.

Signature of Parent/Guardian: _____ Date: _____
Phone Number where parent/guardian can be reached: Home: _____ Cell: _____ Other: _____
Emergency Contact: _____ Phone Number: _____
Family Physician: _____ Phone Number: _____
Name of Insurance Company: _____ Policy Number: _____
Allergies: _____ Last Tetanus Shot: _____
Serious Medical Condition: No: _____ Yes: _____ (Copy of physical to be attached if serious medical condition)