

“On May 29, 2021, the KSHSAA agreed to partner with Special Olympics Kansas to encourage and develop Unified Bowling through school memberships in Kansas. Their purpose for Unified Sports is to promote social inclusion through shared sports training and competition experiences, Unified Sports® joins people with and without intellectual disabilities on the same team. It was inspired by a simple principle: training together and playing together is a quick path to friendship and understanding. Having sports in common is just one way that preconceptions and false ideas are swept away.” -KSHSAA

Starting in 2023-2024 Wamego High School will include Unified Bowling as a program. In light of this wonderful opportunity, the Wamego High School Cheer team wants to expand the Cheerleading experience to student aged individuals in USD 320 with intellectual disabilities through a Wamego Unified Spirit Clinic that we are calling **Wamego Spirit**.

**Wamego Spirit** will be a Cheer Clinic made up of Participants and Partners that will practice and perform together. The Clinic will be overseen by WHS Head Cheer Coach Aubrey Brown. **Partners** will be current members of the WHS Cheer team. **Participants** must be in the USD 320 school district; must have a recognized intellectual disability defined within 42 U.S.C. Section 12102(ADA).

#### **SCHEDULE:**

##### **2023-2024:**

6pm - 7pm Monday, September 25th – **Clinic Practice**

Monday, October 9 – **Clinic Performance** at JV Football Game

6pm - 7pm Monday, November 20th – **Clinic Practice**

6pm - 7pm Monday, January 8th - **Clinic Practice**

Tuesday, January 9 – **Clinic Performance** at Varsity Basketball Halftime

6pm - 7pm Monday, February 26th – **Clinic Practice**

4pm - 5pm Sunday, March 3rd – **Final Clinic Showcase**

#### **REQUIREMENTS:**

**Participants** must have a participation form and signed waiver completed and on file at WHS – Please read, fill out, and return the next page.

**FEES: Cost is \$25 per participant - Includes Shirt, Bow/Bandana, & Entry Fee to Performances.**

**WAMEGO UNIFIED SPIRIT CLINIC**

AGREEMENT TO PARTICIPATE- To ensure that Wamego Unified Spirit Clinic participants and parents/guardians understand and accept the risks of participation in this Clinic, parent/guardian must indicate your understanding and agreement by signing on the appropriate line below. As a Wamego Unified Spirit Clinic parent/guardian I agree to allow my child/ward to participate in the Wamego Unified Spirit Clinic and affirm that my child's participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in at the Wamego Unified Spirit Clinic which may cause serious injury or even death. I also understand that, despite safety precautions, neither the Clinic Staff nor Wamego High School can guarantee that my child/ward will not be injured. My child and I are willing to assume these risks. In consideration for permitting me/my child/ward to participate in the Wamego Unified Spirit Clinic, I voluntarily agree, for myself, my heirs, executors, and administrators, to the following: To assume full responsibility for any risks or loss, or personal injury including death that may be sustained by me/my child/ward, or any loss or damage to property owned by me/my child/ward, as a result of training for, participating in, or traveling to or from the Wamego Unified Spirit Clinic. By signing below, I acknowledge that I have read, understand and agree to the terms outlined above:

\_\_\_\_\_

**Cheerleader/Yell Leader Name:** \_\_\_\_\_

**USD 320 School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**T-shirt Size (Pick One):** \_\_\_ Youth Small \_\_\_ Youth Medium \_\_\_ Youth Large  
\_\_\_ Adult Small \_\_\_ Adult Medium \_\_\_ Adult Large

**Permission to photograph/video participant** \_\_\_ YES \_\_\_ NO

**Parent Name:** \_\_\_\_\_

Printed

Signature

**Contact Phone #** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

**Contact Phone #** \_\_\_\_\_

**Additional shirt for \$15:** \_\_\_ YES \_\_\_ NO

**Circle Additional Size(s)** Youth: S M L Adult: S M L XL 2X 3X

**TOTAL:** \_\_\_\_\_ **CASH CHECK (# \_\_\_\_\_)** made out WHS CHEER w/ CHILD'S NAME in the memo line

**All Forms need to be turned into your school office by/on September 13th at 3pm**