

CAMBRIDGE-ISANTI COMMUNITY EDUCATION
Cheer America

and the Young Americans Schools of Self-Defense

Presents: Cheerleading, and Self-Defense Classes

HELD AT:

Isanti Middle School Cafeteria
201 Centennial Dr. N.W. Isanti, MN.

CHEERLEADING AND DANCE CLASSES

CHEER AMERICA (A Minnesota Non-Profit Corporation) is a fun, exciting cheerleading and dance class for children 4 and older. Students learn popular cheers, dance routines, tumbling, competition techniques, and many other skills related to cheerleading performance. This program promotes physical fitness, team work, personal esteem, and respect for others. On the last day of class, the students perform a group recital, and receive medals and diplomas. FOR MORE INFORMATION regarding this class please call Cheer America at 952-997-7732 or visit us at www.cheer-america-minnesota.com
Note: This flyer has been paid for by Cheer America and Young Americans Schools of Self-Defense

SELF-DEFENSE/SAFETY AWARENESS CLASSES

YOUNG AMERICANS SCHOOLS OF SELF-DEFENSE (A Minnesota Non-Profit Corporation) instructs students ages 4 and older in recognizing and in protecting themselves from potentially threatening situations. They learn verbal skills, physical techniques, escape maneuvers, and other interventions for effectively coping with dangerous individuals, and bullies. This program also promotes self-confidence, respect for others, personal esteem, improved academic performance, and responsible citizenship. New students earn the Yellow Belt; higher ranking students qualify for advanced belts. FOR MORE INFORMATION please call YOUNG AMERICANS at 952-997-7732 or visit us at www.youngamericans-mn.com

FIRST CLASS DAY: Cheerleading

MONDAY, FEBRUARY 6, 2017

6:00-6:45pm ages 4-8

7:00-7:45pm ages 9 and older

Classes are every **MONDAY** for 12 weeks

NO CLASS Feb. 20 or Mar. 13

February 6 – May 8

12 weeks for \$69

FIRST CLASS DAY: Self-Defense

THURSDAY, FEBRUARY 2, 2017

5:45-6:25pm beginner students

6:30-7:10pm Yellow to Purple Belt students

7:15-8:00pm Advanced students

Classes are every **THURSDAY** for 12 weeks

NO CLASS Feb. 9 or Mar. 16; Feb 2 – May 4

12 weeks for \$69

Master Jeff Wood, Instructor

****You MUST REGISTER IN ADVANCE for these classes:****

(3 options available for registration – see **REGISTRATION FORM** on back)

1. Register on-line at www.c-ischools.org, (click on Community Education)

2. Register over the phone at 763-698-6189, (during office hours)

3. Register in person/or by mail to: District 911 Community Education

625 B Main St. N. Cambridge, MN 55008

*****CLASS FEES***:**

The cost for each of these 12 week classes is \$69.



REGISTRATION FORM

REGISTERING FOR CLASSES IS AS EASY AS A, B, C . . .

- Use Visa or MasterCard: Online ► www.cambridge.k12.mn.us (Click on Community Education.)
By phone ► (763) 689-6189 (During Office Hours)
By fax ► (763) 689-6239
- Make checks payable to and mail or bring to: District 911 Community Education
625B Main St. N, Cambridge, MN 55008



Photo Consent: Unless you notify the Cambridge-Isanti Community Ed office, photos taken during Community Ed activities may be included in District 911 publications and advertisements.

A. PARTICIPANT INFORMATION (PLEASE PRINT CLEARLY.) Phone Number _____

1. First Name _____ Last Name _____

Male ___ Female ___ (Adult Age Group: 19 - 54 ___ 55 & up ___) DOB _____ (Grade 2014-15) _____

Comments/Special Needs _____

Class # _____ Class Name _____ Fee \$ _____

Class # _____ Class Name _____ Fee \$ _____

2. First Name _____ Last Name _____

Male ___ Female ___ (Adult Age Group: 19 - 54 ___ 55 & up ___) DOB _____ (Grade 2014-15) _____

Comments/Special Needs _____

Class # _____ Class Name _____ Fee \$ _____

Class # _____ Class Name _____ Fee \$ _____

B. CONTACT INFORMATION

Name _____

Address _____ City, State & Zip _____

Home Phone _____ Alternate Phone (Please circle: cell or work) _____

email Address _____

Emergency Contact _____ Phone _____

C. PAYMENT INFORMATION

Charge my: Visa ___ MasterCard ___ Acct. No. _____

Expiration Date _____ 3 Digit Security Code (found on back of card) _____

Name printed on card _____

Billing Address if different from Contact Information _____

Office Use Only

Date Received _____ By _____ Total Amount Paid \$ _____ Cash or Check # _____ UCare ID _____