

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](http://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](http://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](http://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](http://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 \_\_\_\_\_