

FDHS JR. CHEER CAMP



WHO: Boys/Girls Ages 4 - 13

WHEN: July 16 – 20, 2018

WHERE: Fort Dorchester High School

TIME: 9am – 12 pm

COST: \$75 per cheerleader

Receive discounts if you ...

Register by July 1, 2018 - \$5.00 off

Bring a friend this year - \$5.00 off

The Fort Dorchester High School cheerleaders are holding their annual cheer camp July 16th through 20th at FDHS. Monday through Thursday FDHS cheerleaders will teach participants dance routines, cheers, jumps, stunting, and lots of fun games. On Friday, there will be an exhibition for parents and friends for the girls to show off their new skills. The girls will receive some special awards.

Cheerleaders will need to bring their own **snacks and drink**. A camp T-shirt is included in the fee. If more info is needed, please call Tonya Granger @ 345-6320 or email tonyagranger@gmail.com.

Early Registration: Mail the bottom half of this form and check made payable to FDHS Cheer Booster Club to 4909 Tangier Place, Summerville, SC 29485 by **July 1, 2018**. **Registrations will be accepted at the door. However, a t-shirt may not be available or sizes will not be guaranteed. \$5.00 discount applies to all early registrations.

Bring a Friend: Last year we offered this as a discount as well and it turned out well. So we are offering it again this year. If you bring a friend (1,2, or 5 friends) you will be given one discount of \$5.00. Please list friend's name for discount: _____ . Please forward this to any friends, family, or neighbors.

CAMPER'S NAME: _____ AGE: _____ T-shirt (circle) YS YM YL AS AM

Parent/Guardian Name: _____ Email: _____

HOME ADDRESS: _____

CITY: _____ State: _____ POSTAL CODE: _____ PHONE #: _____

I, the undersigned parent or guardian, do hereby grant permission for my son/daughter, _____, to participate in the FDHS Jr. Cheerleading Camp. I acknowledge, understand and agree that in participating at the camp there is a possibility of physical injury/illness (both acute and permanent) and that my son/daughter is assuming risk of such injury/illness by his/her participation. I assume full responsibility for my son/daughter's participation. In order that my son/daughter may receive the necessary medical treatment in the event of injury or illness, I hereby authorize the Fort Dorchester High School trainer/staff to seek medical treatment for my son/daughter for such illness or injury sustained during the camp. Furthermore, Fort Dorchester High School, the camp director or staff will not be held responsible for any injury or illness incurred while my son/daughter is at the camp. I hereby release and hold harmless FDHS, cheerleaders, its officers, trustees, agents and employees from financial responsibility for my son/daughter's life and medical fees/premiums incurred pursuant to this consent.

Parent/Guardian Signature: _____ Date: _____

Medical Insurance Provider: _____ Policy #: _____ Group Name/ #: _____

Please check any known medical conditions that the staff should be aware of: _____

Allergies: Bee stings Penicillin Food Other: _____

Any Orthopedic Conditions that will limit safe participation in any activity:
(Be specific): _____

Do you wear contact lenses? _____ Have asthma? _____ Diabetic? _____ Other (be specific): _____

Please list those responsible for picking up your child: _____

IMPORTANT: Each participant must be registered prior to participating in any camp activities.

Please list friend for \$10.00 discount _____

For Staff Use Only

Pd: \$ _____ ck # _____ cash