**2019 Winter Youth Cheer Camp**

**Registration Form**

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***Presented by the Chester High School Cheerleaders***

**January 8-11th 2019**

**CHS Gymnasium (January 8th 5-8:30, January 9th &10th 4:30-6:30, January 11th 5-8:30,**

**Ages 4 - 13**

**Cost: $50 for 4 - day camp, Campers will get Free Admission to Games during this week.**

**\*\*\* ONLY cash or money orders will be accepted! \*\*\***

**\*\*\*Fee includes a t-shirt, certificate, and snacks each day of the camp\*\*\***

**Please return this form with the payment to school with your child in an envelope addressed to Coach Johnson or Coach Thompson.**

***T-Shirt Size (Please circle one)***

**YOUTH: S M L XL ADULT: S M L XL**

**Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*\*The undersigned, being parent or legal guardian of the child requesting camp attendance, does hereby affirm the applicant is physically able to perform activities at the camp. I give my permission for medical procedures deemed necessary to this camper by staff and volunteers at the Chester High School Summer Youth Cheer Camps. I understand that, as a condition of attendance as a camper, the undersigned, on behalf of all parents and guardians and behalf of the applicant, hereby release Chester High School, Brittnay Johnson, Larissa Thompson, Tammy Graham and all other staff and volunteers of the camp from any and all liability, illness, mental or physical, suffered by the camper during or related to camp, to also include transportation and personal property.

Parent’s (Legal Guardian) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*If a CHS cheerleader invited you, please write their name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you for supporting the CHS Cheerleaders!**

**We can’t wait to see you at camp!**

**Brittnay Johnson, CHS Varsity Cheerleading Coach**

**Larissa Thompson, CHS Varsity Cheerleading Coach**

**Megan Williams, CHS JV Cheerleading Coach**

**Questions? Contact Brittnay Johnson (803-581-7275) or Larissa Thompson (803-377-3161)**