

Registration Form

Please send in BEFORE July 1st

[Click here to Pay online](#)

Or make check payable to:

CHS

Mail to: CHS Cheer Camp
c/o Laura Clary
100 Knights Lane
St. Johns, FL 32259

Check Appropriate Payment Box:

- \$120 Regular Session
- \$20 Late Fee if paid after July 1st

Name: _____

Address: _____

Parent Phone Number: _____

Emergency Contact and Phone Number: _____

Parent(s) Name/Legal Guardian: _____

Email: _____

Grade (Fall 2017): _____

Years of Cheer Experience: _____

School attended 2016-17: _____

Medical Insurance Company: _____

Policy #: _____

Family MD & Phone Number: _____

Does this athlete have any physical limitations/injuries or medications needed during camp?

Yes ____ No ____ Specify: _____

T-Shirt Size (circle)

Youth	S	M	L	
Adult	S	M	L	XL

Camp Hours

9:00 am – 12:30 pm

Every Camper can expect interactive and fun instruction from coaches and players including:

-  Cheers and Chants
-  Arts and Crafts
-  Jumps
-  Stretches
-  Dances
-  Games



Late Registrations: After July 1, late registrations will be accepted pending availability.

****WE FILL UP EVERY YEAR!****

****Don't Wait!****

CREEKSIDE HIGH SCHOOL



9th Annual Kids Cheer Camp

With the Creekside Cheerleaders and Coaches!

July 17th – 20th

Location:

Creekside High School Gym
100 Knights Lane, St. Johns, FL 32259





Age:

All girls enrolled in K ~ 8th grades during the 2017-2018 school year.

July 17th - 20th

Camp time: 9:00am – 12:30 pm

Cost:

\$120 for the week

****Only \$8 an hour!****

Cost includes:


Camp T-Shirt, arts and crafts, and a DVD of camp photos!


For more information, contact Laura Clary at:

Laura.Clary@stjohns.k12.fl.us


Phone: 904-547-7300

Performances


 Campers will perform for their parents in the gym on Thursday at 12:30 pm.

 Campers will be invited to perform at the first Knight's Varsity Football game.

Camp Wear

 Campers must be dressed in t-shirts, shorts, and tennis shoes each day.

Snacks and Lunch

 Campers are encouraged to bring healthy snacks and a water bottle to replenish their energy.



Waiver and Release

I (we) the parent(s) of _____, give our consent for the CHS cheerleading camp administrators and coaches to act on our behalf should an emergency situation arise, and I (we) grant them permission to authorize medical attention recommended by the physician or hospital. I (we) accept full responsibility for expenses incurred in any diagnosis or treatment of any accident, injury or illness. It is understood that this authorization is given in advance of any specific authority and power to render care which the aforementioned physician, in the exercise of his or her best judgment, may deem advisable. It is understood that efforts shall be made to contact me (us) in rendering treatment to my (our) daughter, but that any of the treatment will not be withheld if I (we) cannot be reached. This authorization is valid for treatment of emergencies when I (we) am not available to give consent.

I (we) certify that my (our) daughter _____, is covered by a medical insurance policy and therefore, will be covered in case of any injury incurred while participating in the cheerleading camp.

Signature of Parent(s) or Legal Guardian(s)

Sworn and ascribed before me on this _____
Day of _____ in the Year _____.

Signature of the Notary Public (AFFIX SEAL)
(*CHS can notarize this form for free)