



CREEKSIDE HIGH SCHOOL 2020 CHS CHEER Summer Kids Camp

With the Creekside Cheerleaders and Coaches!

July 13th – 17th - 5 DAYS!!!

9:00 am – 12:30 pm in the CHS Gym

K – 6th grades



Cost \$150 per camper

Don't wait to register! Spots are limited!

We fill up fast every year!

Every Camper can expect fun instruction from coaches and cheerleaders including:

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



Camper Performances

FRIDAY, July 17th at 12:30 pm at CHS Gym
Campers will perform at a Varsity Football game in the fall!!

Camp Wear

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

Snacks and Lunch

Campers are asked to bring healthy snacks, lunch and a water bottle to replenish their energy.

2020 Registration Form

\$150 per camper Payment DUE ON or BEFORE July 1st

Pay ONLINE (Creekside Athletics Summer Camps Link)
or Make Checks Payable to:

CHS

Mail to: **CHS** (Cheer Camp)
100 Knights Lane
St. Johns, FL 32259

Contact: **Jessica Moltisanti at creeksidecheerteam@gmail.com**

Camper Name: _____

Address: _____

Parent(s) Name/Legal Guardian: _____

Parent Phone Number: _____

Email: _____

Emergency Contact Name and Phone Number (other than parent):

Camper Grade in the Fall of **2020** _____

Medical Insurance Company:

Policy #: _____

Family MD & Phone Number:

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

Yes ___ No ___ Specify: _____

T-Shirt Size (circle)

Youth S M L

Adult S M L

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 or Legal Guardian