

Mini Cheer Camp Registration Form

Sacred Heart Catholic School August 4-6, 2021 9-12 Open to Grades PreK-8th

Location: Sacred Heart Gym

Participant Information

Participant Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Age: _____ Grade: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Cell: (____) _____

E-mail: _____

Emergency Contact (other than Parent)

Name: _____ Cell: _____

Relationship to child: _____

Child Food Allergies/Bees/Ants? _____

Child T-Shirt Size (circle): YS YM YL AS AM AL AXL

Other important Notes: _____

Registration must be turned in by July 20 to receive a T-shirt!!

Registration form and fee can be mailed or brought to Parish/HS Office 153 E. 6th St.

Muenster, TX 76252 "**Attention: Clarissa Hess**" Make checks payable to

"SH Varsity Cheer". Cost is \$50 per participant. This includes a T-shirt & snacks each day. **Please do NOT mail cash!**

Parents/friends are invited to the last day (Friday at 11:00) to see our program!

Kids wear their tshirts on Friday! **We will invite kids to come back and cheer with us at our Homecoming game October 1 v. Willow Park!**

Release from Liability/Emergency Authorization

I, the parent/guardian of _____, in consideration of his/her participation in camp run by SHS Varsity Cheerleaders and Sponsors acknowledge that I understand the risks involved in cheerleading jumps, tumbling & stunts (including partial/complete disability or paralysis). I recognize that it is my responsibility to discuss these risks with the child and understand that these risks cannot altogether be eliminated. I on behalf of myself, heirs/executors or other representatives voluntarily waive and release all rights and claims for damages that I or my child (student) may have against Sacred Heart School, and employees. I authorize SHS staff to take whatever emergency medical measures are deemed necessary or to the protection of my child while in the care of SHS, including calling emergency help for transportation to a hospital or clinic.

Parent/Legal Guardian Signature _____ Date ____/____/____

