## **2023 Wolverines MIDDLE School CHEER Camp**

Zoe Guilford  $-\underline{zguilford@wbsd113.org}$ 

Middle School Gym

Instructor:

Location:

Grades:	Entering	$5^{th} - 8^{th}$	Grad	е						
Dates:	July 17 <sup>th</sup>	– July 2	1 <sup>st</sup>							
Time:	12:30 p.i		•							
Cost:	\$100 per	student	t							
Make	checks pa	-				cash or Vo			-Guilfo	ord
Upon arrival, please Summer BA are usually wait occupied prior will be taught many spend time on the bonding skills. Itearn. Students particing registration for	ASIC Pick Up ting in the ha to our camp notions, jump team building This year, we ipating will re	Or Dro Ilway that starting. Os, core so g exercises will have	p Off. It leads Throug Itunting Its to de Wolf	Pleases to the shout to method	e arrange e gym an the cours tods and trate the n/Bellevi	e for other to d multi-pur se of the we fundament e importance lle East alun	ranspo pose re ek, you als of ce e of tea nni che	ortation a oom, if the unger are cheerlea amwork eerleade	and carp the MPR nd older ading. Wo a, trust, a ers helpir	ooling. We is students e will nd ng campers
Please mark		ze.								
	Midd	 lle Scho	ool Ch	 HEER	Camp	Registra	 tion F	 Form		
Please return Check made (If Venmo – p	payable to	Stepha	nie W	/yatt, d	cash oi	Venmo @			d	
<u>Please Print</u>										
Child's Name						Cı	urrent	Grade	·	
T Shirt Size:	Adult	XL	L	M	S	Youth:	L	M	S	
Activity										
	Check _		Me	edical	Form					
Parent Signature					Phone Number					
* Please Note: A Medical Form <u>NEEDS TO BE ATTACHED TO EACH CAMP FORM</u> *										

## Memorandum

Date: May 2, 2023

To: Participants of 2023 Summer Camps

**Re:** Registration Information for Summer Camps

To minimize any confusion due to the large number of summer camps being offered this year, the following rules will be in effect:

- 1. While the District is the host site of the camps, the camps are operated by the individual camp sponsors.
  - Therefore, any questions and concerns should **only** be directed to the camp sponsor. Each camp description contains the sponsor's contact information.
- 2. Following registration, should any changes to the camp description and/or schedule be necessary, they will be communicated to you by the camp sponsor.
- 3. Please complete a registration and medical form for each student for EACH CAMP.
- 4. If your child is participating in multiple camps, A SEPARATE CHECK, REGISTRATION FORM & MEDICAL FORM NEEDS TO BE WRITTEN FOR EACH CAMP.

Please write the name of the camp on the check's memo line.

All checks should be made out to the camp sponsor.

Any checks made out to Wolf Branch will be returned to you by the camp sponsor.

5. <u>Each check, registration and medical form should be sealed in an envelope with the</u> sponsor's name and the name of the camp printed plainly on the outside.

## Please do not place more than one check in an envelope.

- 6. The office staff will not open the envelopes, but rather just forward each envelope to the sponsor whose name appears on the envelope
- 7. Discipline problems will not be tolerated. Normal Wolf Branch dress code is in effect. Positive behavior and attitudes will be expected from all participants. Misconduct, disrespect, or lack of attendance will all result in dismissal and loss of tuition, at the discretion of the sponsor.

Thank you for your cooperation.

## MEDICAL AND CONTACT INFORMATION (Summer 2023) THIS FORM MUST BE COMPLETED FOR ALL CAMPERS & EACH CAMP

Name:									
Please check if NO known allergies:									
ALLERGIES:									
Food:									
	ation that may impact the camper:								
CONTACT INF	ORMATION (Parent/Guardian)								
Father:	Father's Day Phone:								
Father's Home Phone:	Father's Cell Phone:								
	essages to this cell phone number?								
Father's e-mail:									
Mother:	Mother's Day Phone:								
Mother's Home Phone:	Mother's Cell Phone:								
	essages to this cell phone number?	Yes	Nc						
Mother's e-mail:									
Caregiver:	Caregiver's Day Phone:								
Caregiver's Cell Phone:									
Emergency Contact #1:									
Day Phone:	y Phone: Cell Phone:								
Emergency Contact #2:									
Day Phone:	Cell Phone:								
Parent/Guardian Signature:	ardian Signature: Date:								
Parents/Guardians Name	Phone Number								