

# 2018-2019 Chelan High School Youth **WINTER** Cheer Camp Registration

The Youth Fall Cheer Camp will be instructed by the current Chelan Goat Football Cheer squad. Participants in the camp will learn two common Mountain Goat cheers, and an original dance. A positive and fun experience for each child is the goal of the camp!

\*\*Ages: Pre-School – 5<sup>th</sup> grade\*\*

Cost: \$40 (Camp t-shirt, hair bow and spirit-pom)

Camp Dates: December 12<sup>th</sup> and 13<sup>th</sup> (3:15 PM – 5:00 PM)  
@ CHELAN HIGH SCHOOL

**Please arrange for your child to get to the high school;  
THERE WILL NOT BE TRANSPORTATION PROVIDED**

Cash or check, along with the bottom portion of this sheet, should be turned into Coach Hanson at Chelan High School no later than Tuesday December 11<sup>th</sup> to ensure the right shirt size is ordered for camp participant.  
Checks written to: Chelan High School Cheer

**Your child will be performing at the half-time of the  
Chelan Goat's Girls Basketball game on Friday, December 14<sup>th</sup>, 2018**

- ★ Camp participants should be wearing comfortable athletic attire. T-shirt, athletic shorts/pants, tennis shoes and socks are required during camp and performance.
  - Cheer Camp T-shirt should be worn day of performance.
- ★ Snack will be provided before camp at 3:15 (Both Tuesday and Wednesday)

Child's Name	Age	Name of Parent/Legal Guardian
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Circle t-shirt size:	(____)_____	_____
Youth - S M L      Adult – S M L XL	Phone Number	cell      home

Address	City	State	ZIP
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Emergency Contact	(____)_____	Phone Number 1	cell	home
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Food or Environment Allergies/Medical Concerns: \_\_\_\_\_

I understand that my daughter/son may not participate in the Chelan Goat Cheer Mini camp unless she/he is covered by accident insurance. It is my obligation to have a health and accident insurance policy in effect while participating in this program or to otherwise be responsible for any and all medical expenses which may be incurred as a result of an accident while participating in the Chelan Cheer Camp. I will assume full responsibility for payment of any services rendered.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_