



CHICO HIGH SUMMER CHEER CAMP

K - 8
(KINDERGARTEN
- 8TH GRADE)

The **Chico High School Cheerleaders** are hosting a Summer Cheer Camp for students in Kindergarten-8th grade. The camp will be organized by age groups in which the campers will be taught various material involved with cheerleading. This includes - dances, cheers, jumps, stunts and tumbling, plus crafts and fun games! On the last day of camp, Thursday June 20th, we will have a showcase performance for friends and family at 7:30pm. This is an opportunity to come see the material and skills your kids learned!



Dates: Mon. June 17th - Thurs. June 20th
Time: 4:00pm - 8:00pm
Location: Chico High School Lincoln Gym
Cost: \$80.00 *PAY BY DAY 1 OF CAMP*

make all checks payable to:

CHS Boosters

What to wear/bring: Athletic shirt, shorts and shoes, hair up in a ponytail. Bring snacks for break and lots of water!

Please fill out the 'Registration Form' and the 'Voluntary Activities Participation Form' and turn in at Registration Day 1.

The participant must be dropped off by an adult (age 18+) on Day 1.

Any questions? Email the CHS Head Coach CHEERCOACHDANNY@GMAIL.COM

K-8TH GRADE SUMMER CHEER CAMP REGISTRATION FORM

Please print clearly

PARTICIPANT INFORMATION:

Participant Name: _____
Age: _____ Grade: _____ Birth Date: _____
Name of CHS Cheerleader Supporting: _____
T-Shirt Size: XS, S, M, L, XL (in youth sizes - circle one)

CONTACT INFORMATION:

Parent/Guardian Name: _____
Email: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____
Address _____
City: _____ Zip _____

EMERGENCY CONTACT:

Contact Name: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____



**VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK
CHICO UNIFIED SCHOOL DISTRICT**

Name of Participant	
Description of Camp/Activity	
Date(s)	
Medical Insurance Carrier and Policy Number	
Emergency Contact Name & Phone Numbers	

I authorize the above participant to participate in the described activities shown. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that participation in these activities is completely voluntary.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the CHICO UNIFIED SCHOOL DISTRICT, its elected or appointed officials, employees, agents, and volunteers shall not be liable for any injury/illness suffered by the participant which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused, in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

Parent/Guardian Signature if Participant **under** 18 years old Date

Student/Adult Signature if Participant **over** 18 years old Date

Note: A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the CHICO UNIFIED SCHOOL DISTRICT before participating in the above camp/activity.