

DEFOREST HIGH SCHOOL

# NORSKI YOUTH

## *Cheer Camp*

Contact Coach Tonia Feldman  
with any questions  
tfeldman@deforestschoools.org

**Dates:** Thursday, August 31<sup>st</sup>, 2023

**Time:** 8:00 AM – 10:00 AM

**Place:** DeForest High School – South Gym


**Performance:** Everyone who attends camp is invited to cheer during the 1<sup>st</sup> quarter of the Varsity Football game on Friday September 1<sup>st</sup> – Youth Football Night

**Grades:** Kindergarten – 6<sup>th</sup>

**Camp Features:**

 Motions

 Jumps

 Cheers

 *This is a fundraiser for the DeForest High School Cheerleaders!*



## DHS CHEER CAMP REGISTRATION FORM

Registration is \$30.00 & includes a t-shirt. Register online by August 22<sup>nd</sup> 2023.

No late registrations will be accepted.

Camper's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Teacher \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ **Youth T-shirt Size (please circle one):**

Email (reminders will be sent via email) \_\_\_\_\_ YXS (4-5) YS (6-8) YM (10-12) YL (14-16) AS AM AL

### Medical and Liability Release Form

I, \_\_\_\_\_, the natural parent, legal guardian and/or managing conservator of \_\_\_\_\_, do hereby acknowledge and state that said student is presently under my care, custody and control and that I possess the authority to grant the permission and authorization stated herein, and the student has no conditions which would prohibit or restrict his/her participation with DeForest High School Youth Cheer Camp. Any illness or injuries resulting from participation in the clinic are my responsibility. Participation in the camp is voluntary. Safety of participants will be priority during camp. I specifically waive, give and release the DeForest High School Cheerleading coach, staff, and cheerleaders for the liability for any claim for damages which I or my child may have for injuries or illness that he/she may sustain at camp.

I authorize any DHS Cheer Camp Staff to locate qualified and licensed medical personnel and/or transport said student to an appropriate medical facility in the event that it may become necessary.

I understand I will be notified as soon as possible in the event of an emergency. All expenses of such treatment will be assumed by me or my insurance company

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_