

DEFOREST HIGH SCHOOL

NORSKI YOUTH CHEER CAMP



This is a fundraiser for the DeForest High School Cheerleaders!

Dates: Tuesday Sept 11th & Thursday Sept 13th





Time: 5:00 PM – 6:00 PM

Place: Holum Education Center Gym

Performance: Everyone who attends camp is invited to cheer during the 1st half of the Varsity Football game on Friday September 14th

Grades: Kindergarten – 4th

Camp Features:

-  Motions
-  Jumps
-  Cheers
-  Snack and picture with the cheerleaders

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



DHS CHEER CAMP REGISTRATION FORM

Registration is \$25.00 & includes a t-shirt. Forms need to be turned into your elementary school office by September 5th, 2018 to receive t-shirt. Please make checks payable to DHS Cheer

Cheerleader's Name _____

Youth T-shirt Size:

YXS (4-5) YS (6-8) YM (10-12) YL (14-16) YXL (18-20)

Parent's Name _____ Phone # _____

Address _____

I plan to attend:

Practice on Tuesday _____ Thursday _____

City _____ Zip _____

Game on Friday _____

Email (reminders will be sent via email) _____

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 Cheerleading 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 _____