

Hagerty Cheerleading Youth Camp

Monday June 13th – Thurs. June 16th

Grades: Kindergarten – 8th

9AM – 12PM

Extended hours 7:30AM – 12PM*



Come join the Hagerty Varsity Cheerleader for a week of fun at Hagerty High School youth cheer camp!

- **Camp Highlights:** All participants will receive a camp t-shirt, bow, and a craft project throughout the week. The clinics will teach motions, jumps, stunts, basic tumbling, cheer, chant, and dance. All of which can be viewed at our parent showcase on **Thursday, June 16th at 6:30PM.**
- **Payment:** All registrations and payments are due by May 31st for an early discounted rate of \$100 per participant. Any registrations received after May 31st will be charged a fee of \$110 per participant. *Additional \$10 per day/ \$40 per week for extended hours. (Please send it with registration)
- **Contact:** Please contact Terri King (head coach) at king.terri.2012@gmail.com for more information. Please mail all registrations, payment, and correspondence to:

Hagerty High School - Attn: Hagerty Cheer – 3225 Lockwood Blvd.; Oviedo, FL 32765

Checks can be made out to HHSABC Attn: Cheerleading

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Hagerty Cheerleading Camp

Please return this portion of the registration form along with payment to Hagerty High School. Confirmation of your registration will be e-mailed the week prior to camp.

Check _____ Cash _____ *Debit/Credit _____

- Go to www.hhsabc.org/donate.html → Select: Cheerleading → Enter: Payment amount

Participant's Name _____ 22-23 Grade _____

Parent Name(s) _____ Contact number _____

Parent's E-mail _____

(Please provide a clear and legible e-mail address, so you don't miss out on important information)

Shirt Size (please circle one): YS YM YL AXS AM AL

Extended hours (Please circle which days): Mon. Tues. Wed. Thurs. or All Days

I hereby release the directors of the Hagerty High Cheer Camp to act for me according to their best judgment in anyone requiring medical attention. I hereby waive and release the directors of the Hagerty High Cheer Camp, Hagerty High School, and Seminole County Public Schools from all liability and agree to accept all medical expenses incurred. I know of no physical or mental problem which will affect my child's ability to safely participate in this camp. Injuries incurred while at camp may result in a prorated refund. I acknowledge and accept the conditions above with my signature below.

Parent Signature/ Date _____