

PATRIOT HIGH SCHOOL

YOUTH CHEER CAMP

Grades K-8 Welcome

When: July 19- July 23

Deadline to register: July 9, 2021

Where: Patriot HS Gym

Time: 9-12:00 or 1 - 4:00

Cost: \$125.00 per camper before July 9

July 10- at door Late registration Fee: \$150

Make Checks Payable to: PHS Boosters

Go to patriotpioneers.org for registration form.

Each day campers will learn:

Cheers

Jumps

Basic stunting

Dance Routine

Groups will be divided by age level.

Snack & crafts will be provided daily

FRIDAY: There will be a performance!

Mail Payment to:

PHS Cheer Camp

Attn: Erin Pullin

Gainesville Middle School

8001 Limestone Drive

Gainesville, VA 20155

Email Questions to:

Coach Pullin: pullinee@pwcs.edu

Patriot HS Summer Cheer Camp Application Form

AM SESSION

OR

PM SESSION

T-SHIRT SIZE: YOUTH OR ADULT _____

Camper Name: _____

Date of Birth _____ Grade In September of upcoming school year: _____ School : _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ E-mail _____ Cell Phone: _____

Emergency 2nd Contact Name: _____ Phone Number: _____

Amount Paid: _____ Check #: _____ *Make checks payable to: Patriot High School Boosters*

Please put on the memo Youth Cheer Camp

Please send completed form and check to:

PHS Cheer Camp
Attn: Erin Pullin Gainesville Middle School
8001 Limestone Drive
Gainesville, VA 20155

AUTHORIZATION:

I, _____, parent or guardian, give permission for _____ (name of child/ward) to participate in cheerleading camp at Patriot High School. I am aware that with the participation in sports comes the risk of possible injury to my child/ward.

My child has my permission to participate in cheerleading activities under the supervision of the PHS Cheerleading staff and team.

In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of Patriot High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Signature of parent or guardian _____ Date: _____

Please list any significant health conditions:

Please list any allergies (ie: medications, food, bee stings, etc)

Has student been prescribed an inhaler or epipen? _____

Is student presently taking medication? _____

If so, what type? _____