CHESHIRE JR. FOOTBALL CHEERLEADERS
PRESENT
CHEER EXCEL
ALL STAR CHEER CAMP

LOCATION: NORTON SCHOOL GYM
DATE: JUNE 5th& 6th TIME: 9:00AM – 3:00PM
COST: $100.00 per cheerleader

!!ATTENDANCE IS MANDATORY!!

This camp is designed to prepare CJF Cheerleaders for the upcoming season by introducing them to their halftime routines, and developing and reinforcing all aspects of cheerleading. Sizing for Uniforms and Sneakers will take place at camp.

All Cheerleading apparel (tee-shirts, shorts, hoodies, etc) will be available for purchase at camp. No purchase for these items will be made available after camp!

Our dedicated staff is comprised of high school and all-star coaches, and experienced college and varsity high school cheerleaders.
All campers will receive a camp T-shirt
Insurance is provided for all campers
Snacks, drinks and cheer apparel will be available for purchase.
Lunch provided at additional cost

PLEASE HAVE YOUR CHILD'S PHYSICAL FORM FILLED OUT BY THEIR PHYSICIAN PRIOR TO CAMP-IT MUST BE COMPLETED IN ORDER TO ALLOW THE CAMPER TO PARTICIPATE IN STUNTS

PLEASE SEND REGISTRATION WITH PAYMENT TO:

Monica Oris 71 Autumn Court, Cheshire, CT 06410

MAKE CHECKS TO: CHESHIRE JR. FOOTBALL

REGISTRATION DEADLINE: MAY 30TH

CANCELLATION POLICY: $30.00 NON-REFUNDABLE FEE

QUESTIONS?? CALL Monica Oris 203-641-2901

NAME:_____ EMERGENCY CONTACT:
ADDRESS: _____ NAME: _____
_____ PHONE:_____
PHONE: _____
SCHOOL: _____
GRADE: _____

CAMP LUNCH $3.00 PER DAY
LUNCH DAY ONE – INCLUDES SLICE OF PIZZA & SODA $_____
LUNCH DAY TWO - INCLUDES HOTDOG & SODA _____
CHEER CAMP - $100.00
TOTAL AMOUNT ENCLOSED $_____

I hereby agree to let my child attend cheer camp. I understand that there are certain risks of injury inherent in the practice of cheerleading and am willing to assume these risks. I hereby certify that my child id fully capable of participating and has no physical or mental disabilities that would restrict full participation in this activity. I grant permission for my child to receive emergency medical treatment.

PARENT SIGNATURE: _____ DATE: