

2016 Summer Cheer Camp



Grades 1st – 8th

Come Join us for a fun-filled week of Cheerleading.

During the five day camp, you will have the opportunity to learn new exercises, cheers and a half-time dance performance. Then, on Friday you will perform with the Campolindo High School Cheerleaders during a scrimmage football game.

- Dates:** July 18th thru July 22nd, 2016
Times: 9:00 – 12:00 PM (Monday thru Thursday)
1:30 – 5:00 PM (Friday – Scrimmage Game)
Fees: \$190.00 (Includes uniform & poms) (\$20 sibling discount available)

Camp Goal: To develop fundamental cheerleading skills, including cheering a scrimmage football game and performing at half-time, followed by camp awards. The camp will be staffed by Campolindo Varsity Cheerleaders.

- Instructor:** Jannine Crow, Head Cheer Coach, Campolindo High School
Location: Campolindo High School
Details: Bring water and a small snack. Wear athletic attire including shoes.

Mail registration form & check to:

Campolindo Cheer
7 Oak Drive
Orinda, CA 94563
Attn: Rebecca Lowe

Questions: Rebecca Lowe, 925-212-1065 or rebecca.lowe@me.com

**This is not a Moraga School District endorsed camp*

2016 Summer Cheer Camp

Registration Form

Please use a separate form for each camper



Camper Information:

First Name: _____ Last Name: _____
Address: _____ City/Zip: _____
School in September: _____ Grade in Sept: _____

Parent/Guardian Info:

Parent/Guardian First Name: _____ Last Name: _____
Address: _____ City/Zip: _____
Home Phone: _____ Cell Phone: _____

Select Uniform Size:

Please circle one size for top and bottom

YOUTH					ADULT				
TOP	XS	S	M	L	XS	S	M	L	XL
BOTTOM	XS	S	M	L	XS	S	M	L	XL

SIZE CHART IN INCHES

	YOUTH					ADULT				
TOP	XS	S	M	L	XL	XS	S	M	L	XL
Chest	24	26	28	30	31	33	35	37	39	
BOTTOM	XS	S	M	L	XL	XS	S	M	L	XL
Waist	19	21	23	25	28	30	32	34	37	
Hips	25	26	28	30	34	36	38	40	43	
Length	10.5	11.5	12	13	13.5	14	14.5	15	15.5	

Please make checks payable to "Campolindo Cheer"

Emergency Information:

Each camper must fill out all the following information and have a legal guardian's signature BEFORE they can participate. Please notify us if there is any information about your child you would like us to know.

In the event of illness or injury, notify the following person(s) if the parent cannot be reached.

Name: _____ Phone: _____
Name: _____ Phone: _____
Family physician: _____ Phone: _____
Medical Insurance: _____ Phone: _____
Group #: _____ Policy #: _____

Special medical concerns: _____

My child, _____, has my permission to participate in Summer Cheer Camp. Should it be necessary for my child to have medical treatment while participating in the athletic event and if the camp is unable to contact me, I hereby authorize Camp personnel to use their judgment in obtaining medical services for my child. I understand that my child must have medical insurance that provides at least \$1500.00 accidental injury coverage.

Parent/Guardian Signature: _____ Date: _____