



## CHRISTOPHER HIGH SCHOOL CHEER AND DANCE JUNIOR CHEER CAMP

**Game Day-Friday, October 5, 2018**

**Calling all Junior Cheerleaders grades K-8**

**Sign up in the small gym at CHS on Monday, September 10, 17 & 24, 7-8 pm**

**Cost: \$45 (Cash Only)**

Practice Clinic Day 1-Monday, October 1. 7-9 pm

Practice Clinic Day 2-Wednesday, October 3. 3:30-5:30 pm

JV Game (grades K-5) 5pm, Meet on the basketball court/blacktop @ 4 pm

Varsity Game (grades 6-8) 7:30, Meet on the basketball court/blacktop @ 6:30

Junior cheerleaders will learn a dance to perform during half time of the October 5th football game. Participants will also be learning some sideline cheers, to cheer with the team for the first half of the game. They will have two practice clinics with our cheer team, to learn the material. Each Junior cheerleader will receive a T-Shirt and a bow for game night.



# 4th ANNUAL JUNIOR CHEER CAMP

## REGISTRATION FORM

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GRADE:                                      JV (K – 5<sup>TH</sup>)                                      VARSITY (6<sup>TH</sup> – 8<sup>TH</sup>)

SIZE:                                      YXS                                      YS                                      YM                                      YL  
   AS                                      AM                                      AL                                      AXL

Parent Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Parent email address: \_\_\_\_\_

**Medical Information:**

Medical Problems/ Allergies/ Medications: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Number: \_\_\_\_\_

**Please initial below:**

\_\_\_\_\_ I agree to pay camp registration and understand that there are NO refunds.

\_\_\_\_\_ I agree that I will drop off and pick up my student on time each day of cheer camp.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**GILROY UNIFIED SCHOOL DISTRICT  
BUSINESS SERVICES**

7810 Arroyo Circle, Gilroy, California 95020  
Tel. 408-847-2700 fax: 408-846-7561  
www.gilroyunified.org

**SUPERINTENDENT**

Dr. Deborah A. Flores, Ph.D.

**BOARD OF EDUCATION**

Heather Bass ♦ B.C. Doyle ♦ Mark Good ♦ Patricia Midtgaard  
James E. Pace ♦ Linda Piceno ♦ Jaime Rosso

**VOLUNTARY ACTIVITIES PARTICIPATION FORM  
ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK**

I authorize my son/daughter, \_\_\_\_\_ to participate in  
the District-sponsored activities of \_\_\_\_\_

I understand that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- |                              |                          |
|------------------------------|--------------------------|
| 1. Sprains/strains           | 6. Paralysis             |
| 2. Fractured bones           | 7. Loss of eyesight      |
| 3. Unconsciousness           | 8. Communicable diseases |
| 4. Concussion                | 9. Death                 |
| 5. Head and/or back injuries |                          |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand and acknowledge that in order to participate in these activities, I am required to have my own medical and accident insurance for my son/daughter, and certify that I do have such insurance.

I understand and acknowledge, and agree that the District, its employees, officers, agent or volunteers, shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this **VOLUNTARY ACTIVITIES PARTICIPATION FORM** and that I understand and agree to its terms.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Insurance Carrier

\_\_\_\_\_  
Policy No.

\_\_\_\_\_  
Address

**A signed VOLUTARY ACTIVITIES PARTICIPATION FORM must be on file with the District before a student will be allowed to participate in the above extra-curricular activities.**