

# MINI CHEER CAMP

Hosted by

Tallapoosa Recreation Department and The HCHS Cheerleaders

- WHO:** Anyone ages 4-12 years old interested in having fun and learning more about cheerleading.
- WHAT:** Campers will receive appropriate, safe, fun instruction on cheerleading fundamentals. Each age group will learn cheer, chant, proper motion forms, and jumps.
- WHEN:** Monday June 26<sup>th</sup> - Wednesday June 28<sup>th</sup>  
9 AM - 12 Noon
- WHERE:** Rayford Roberts Memorial Ballpark  
114 Broad St.  
Tallapoosa, GA 30176
- COST:** Pre-register and pay by June 16<sup>th</sup>: \$40 (includes t-shirt)  
Register at camp: \$40 (t-shirt not guaranteed)

Please make checks payable to Tallapoosa Recreation Department  
A portion of the proceeds will go towards the HCHS cheerleading program.

Please PRINT. Fill out completely, sign, date, and return along with payment.

Child's First and Last Name: \_\_\_\_\_

Child's T-shirt Size (Select 1): Youth: ☐ S ☐ M ☐ L Adult: ☐ S ☐ M ☐ L

Parent/Guardian's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

2<sup>nd</sup> Adult Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Physical/Activity Limitations: \_\_\_\_\_

The undersigned further hereby agrees to hold harmless and indemnify said TPRD, its administration, employees, and coaches for any liability sustained by said cheer camp as the result of the negligent, willful, intentional, or accidental acts of said participant, including expenses incurred attendant thereto. We (I) are the parents or legal guardian(s) of this participant and hereby grant our (my) permission for him/her to participate fully in said activities. We hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information, please contact the ballpark at 770-574-3120.