 Mini-Raider Cheer Camp 

June 11-13th, 2024 @ EAST PAULDING HIGH SCHOOL

Registration Form (ages 4-middleschool)

**REMIND:** Text **@miniep24** to 81010

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referred By Cheerleader:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Known health concerns or allergies:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Company**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Group/Member #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent's Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (used for updates & reminders only)

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Emergency Contact *(other than Parent):* Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship to child:** \_\_\_\_\_\_\_\_\_\_\_

**T-Shirt Size (circle):** Youth XS Youth S Youth M Youth L Adult S Adult M Adult L

Registration forms & check in the amount of $75 must be turned in by **May 21st**  **to guarantee a t-shirt from the EPHS Cheerleaders. Due to the fundraising nature of this event, no refunds will be issued. \*\*\*Sign- up fee in revtrek-under EP High school, cheerleading, minicamp \*\*STAFF PRICE IS FOR EPHS STAFF ONLY\*\*\***

o **LATE REGISTRATION:** You may register on first day of camp**, but a t-shirt is not guaranteed!**   
\*Time: 9-12 Tuesday - Thursday \***Parent Performance @ 11am on Thursday MAIN Gym**

Parents may choose to stay on campus but are not permitted in the gym during camp. Participants must be potty trained. Please bring own water bottle. Participants may bring a snack each day of camp.

**CAMP WILL BE HELD AT THE EP HIGH SCHOOL AUX GYM  
\*\*\*\*Please make payments on Revtrek under cheerleading and minicamp\*\*\*\***DROP off applications to EPHS main office OR Email Application to:   
Angel Foster [ALFoster@paulding.k12.ga.us](mailto:ALFoster@paulding.k12.ga.us)

Payment and forms must be received to confirm the signup.

**Release from liability/emergency authorization.**

I, the parent/guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in consideration of her participation in the Mini-Raider Cheer Camp, run by the East Paulding High School Cheerleaders and coaches, acknowledge that I understand the serious risk inherent in participation in cheerleading (including the risk of partial/complete disability, paralysis or death). I recognize that it is my responsibility to discuss these risks with the child and understanding that these risks cannot altogether be eliminated. I on behalf of myself, heirs/executors, or other representatives, voluntarily wave and release all rights and claims for damages that I or my child (student) may have against EPHS Cheerleading, its members, helpers, and sponsors. I authorize East Paulding High School staff to take whatever emergency medical measures are deemed necessary or to the protection of my child while in the care of the EPHS Cheerleaders, including calling emergency help for transportation to a hospital or clinic.

**Parent/Legal Guardian Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_/\_\_\_\_/\_\_\_\_\_