

**HORSEHEADS VARSITY  
"H" CHEERLEADING  
SUMMER CAMP**

To Register:  
Complete the registration form below.  
Read the AUTHORIZATION FORM on the reverse  
side and sign it in the designated area, detach and  
MAIL ONLY THE REGISTRATION FORM to:

HORSEHEADS CENTRAL SCHOOL  
ATHLETIC DEPARTMENT  
ONE RAIDER LANE  
HORSEHEADS, NY 14845

**PLEASE BRING PAYMENT  
TO FIRST DAY OF CAMP**

**\$85.00 MAKE CHECKS PAYABLE TO:  
HORSEHEADS VARSITY "H" CLUB**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

AGE \_\_\_\_\_

SCHOOL \_\_\_\_\_

GRADE FALL 2017 \_\_\_\_\_

SHIRT SIZE    YS    YM    YL

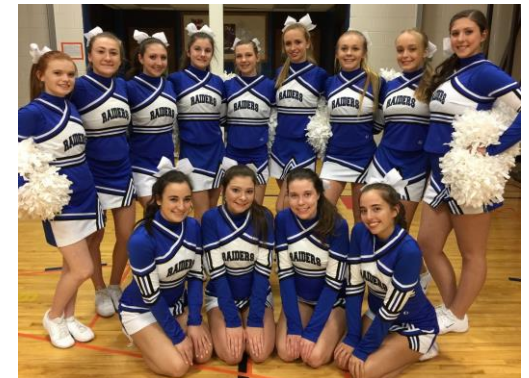
(Circle one) AS    AM    AL    AXL

**COME TO CHEER CAMP AND:**

**DANCE, STUNT, TUMBLE,  
AND LEARN CHEERS,  
CHANTS, MOTIONS AND  
PLAY CHEER GAMES!**



**HORSEHEADS  
VARSITY "H"  
CHEERLEADING  
CAMP**



**July 24<sup>th</sup>-28<sup>th</sup>**

**Grades 1-12**

**9:00-12:00**

**HH South Gym**

**SPONSORED BY:  
HHS VARSITY "H"**

HORSEHEADS ATHLETIC OFFICE

ONE RAIDER LANE

HORSEHEADS, NY 14845

607-739-5601

## CAMP GOAL

*The goal of Varsity H cheerleading camp is to provide each camper with a fun filled week of cheer skills and activities from beginner to team level. Each cheer camper will receive a camp T- shirt.*

*They will learn a choreographed routine with dance, tumbling, stunting, jumps and cheers for a cheer showcase for family & friends!*



## GENERAL CAMP INFO

CAMP DATE: JULY 24<sup>TH</sup>-28<sup>TH</sup>

CAMP TIME: 9:00-12:00

CAMP LOCATION: High School  
South Gymnasium

REGISTRATION FEE: \$85.00

## EQUIPMENT

WEAR T-SHIRT, SHORTS, AND SNEAKERS AND HAVE HAIR UP.  
BRING H<sub>2</sub>O AND SNACKS!

## Camp Directors:

**Amy Buchanon**  
Varsity Cheerleading  
Coach

**Kayla Walruth**  
JV Cheerleading Coach

## AUTHORIZATION

WE THE UNDERSIGNED PARENT OR GUARDIANS OF \_\_\_\_\_ A MINOR, DO HEREBY AUTHORIZE THE DIRECTORS OF THE HORSEHEADS VARSITY H SUMMER SPORTS CAMP PROGRAM, OR THEIR DESIGNEE, TO SELECT HOSPITAL FACILITIES AND/OR A PHYSICIAN OF THEIR CHOICE AND AUTHORIZE TREATMENT OF THE ABOVE NAMED CAMPER ON AN EMERGENCY BASIS IN THE EVENT THAT TREATMENT BECOMES NECESSARY DURING THIS SPORTS CAMP. WE HEREBY GRANT PERMISSION TO PARTICIPATE IN THE CAMP PROGRAM AND ACKNOWLEDGE THAT THE CAMPER NAMED IS PHYSICALLY FIT TO PARTICIPATE IN ALL CAMP ACTIVITIES. THE ATHLETE WILL OBEY ALL SCHOOL DISTRICT RULES AND REGULATIONS OR IS SUBJECT TO DISMISAL FROM THE PROGRAM AND BE SENT HOME IMMEDIATELY. THE SIGNATURE OF THE PARENT OR GUARDIAN ACKNOWLEDGES THEIR WILLINGNESS TO ENROLL THE CHILD IN THE HORSEHEADS VARSITY H SUMMER SPORTS CAMP PROGRAM UNDER THE CIRCUMSTANCES STATED ABOVE. THE SIGNATURE OF THE PARENT OR GUARDIAN RELIEVES THE HORSEHEADS VARSITY H CLUB, THE HORSEHEADS CENTRAL SCHOOL DISTRICT, AND THEIR DELEGATED REPRESENTATIVES FROM ANY AND ALL FINANCIAL RESPONSIBILITY.

Parent/Guardian:

SIGNATURE(PARENT) \_\_\_\_\_

HOME \_\_\_\_\_ WORK \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

DATE SIGNED \_\_\_\_\_