



Buford High School Youth Cheer Camp Registration

Thank you for your interest in our youth cheer camp. Our BHS youth cheer camp is conducted by coaches and team members of our varsity competition squad and is open to any girl rising K-7th. No prior or current cheer experience is necessary or required. The camp includes instruction in the fundamentals of cheerleading including age-appropriate skill instruction in the areas of dance, cheer, tumbling, and stunting. Campers are sure to have a great time!

Camp Date & Time and Cost: June 18th -21st from 9:30am – 12:30 each day.

The fee for each camper is \$70. This covers four days of camp instruction, a t-shirt, and snacks each day. Make checks payable to: **Buford HS**

Location of camp and check-in: The camp is held at Buford HS. Specific information regarding where to check-in will be emailed the week prior to camp.

What to Bring/Wear: Campers should wear gym shorts and a t-shirt each day to camp. Cheerleading shoes are preferred if girls have them, but tennis shoes are perfectly acceptable as well. No flip flops, sandals, or non-athletic wear shoes please. Snacks and fluids will be provided each day though some prefer to have their own water bottles.

Questions?: Please contact Head Coach Heather Jenkins at: Heather.Jenkins@bufordcityschools.org

Detach bottom portion and return with your payment to BHS. Attn: Heather Jenkins

Camper's Name: _____ Grade Level 2017-18 school year _____

T-shirt size (circle one): YS, YM, YL, AS, AM, AL

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Email: _____

Parent/Guardian cell phone# _____

Alternate # where parent/guardian can be reached if needed: _____

Is this a home# ___ work# ___ other# ___ If other, please specify _____

Emergency Contact (other than parent)

Name _____ Phone # _____

Relationship to camper: _____

I certify that my dependent has had an adequate physical exam and is physically able to participate in camp activities. I authorize the coaching/training staff at BHS to supply any treatment they deem necessary if an accident, injury, or illness occurs to my dependent.

Parent/Guardian Signature

Date