

2017 SHHS Varsity Cheer Camp



Hosted by the SHHS Varsity Cheer Team

Camp Dates & Times

Monday—Wednesday

June 5th—7th from 8:30—11:30 AM

Location

The SHHS Varsity Cheer Camp will be held in the Science Hill High School New Gymnasium located behind the Topper Palace just off of John Exum Parkway. Some activities may be outside.

Who Can Attend

Any K—8th Grade Student

Cost

Camp is \$75 per person

Cash and Checks only accepted

ACTIVITIES INCLUDE

- | | |
|-----------------------------------|----------------------|
| * <i>Stretching & Warm-Up</i> | * <i>Tumbling</i> |
| * <i>Conditioning</i> | * <i>Stunting</i> |
| * <i>Motion Technique</i> | * <i>Jump Skills</i> |
| * <i>Cheers and Chants</i> | * <i>Dance</i> |

ITEMS TO REMEMBER

- Please wear athletic shoes that tie to each camp date
- ALL hair must be pulled back and off the shoulders
- Avoid wearing black soled shoes or any jewelry (including earrings).

FOR MORE INFORMATION

Contact Varsity Cheer Coach Missy Cutlip at

cutlipm@jcschools.org.

Family members, please return at 11:00 AM on the day of each camp to see a demonstration of what your child has learned.

Must complete both sides of this form. Please mail the bottom portion of this form along with cash or check to:

**SHHS VARSITY CHEER
CAMP**

**c/o Coach Missy Cutlip
1509 John Exum Pkwy
Johnson City, TN 37604**

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Age: _____ Grade: _____

Parent/Guardian's Names & Phone #s: _____

Emergency Contact Name/Number In Case Parents cannot be contacted:

School Attending: _____

Check # _____ OR Cash _____

Parental Consent

I certify that _____ is to be in good health and is able to participate in all listed camp activities without restriction. I understand that precautions will be made to keep my child safe. However, should an emergency situation arise, I authorize Coaches Missy Cutlip or Rose Marie Hilton to act in their best judgment in a medical emergency requesting their attention. I hereby release Science Hill High School, Johnson City Schools, the SHHS Varsity Cheer Camp, coaches, and cheerleaders from all claims resulting from any injury my daughter/son may sustain while attending this camp.

Parent's Signature: _____

Medical Insurance Company _____

Parent Cell Phone #: _____

Date Signed: _____

Insurance Policy #: _____

Additional Phone # _____