



River Mill Cheer Camp

Hosted By: River Mill Varsity Cheerleading Teams

When: Saturday, February 17th, 2024

Where: River Mill Academy High School Gym

Drop off: 8:30am-9am in Middle School Gym

Start: 9am with lunch from 11:15am-12pm

****2:30pm:** Parent Showcase in High School gym

Who: Kindergarten to 5th grade

Price: \$40.00 per camper. \$35 if you bring a friend or sibling.

Campers will learn cheers, chants, dances, stunts & tumbling.

Dress in comfortable clothes and tennis shoes.

Campers will need to bring their lunch or additional \$5 for Pizza, chips & water

****Forms & money needs to be turned into homeroom teacher by Feb. 5th 2024.**

Payment will be accepted on the day of camp, but those students will NOT be guaranteed a shirt.

Please make checks payable to River Mill Academy. Campers will want to bring a water bottle with them the day of camp.*

Student Name: _____ Grade: _____ Date of Birth: _____

Child's T-Shirt Size (circle one): YS/AS YM/AM YL/AL 'AXL

Pizza Lunch: Yes or No Lunch from home: Yes or No

Liability Release

Does your child have any allergies? YES NO

If yes, please list: _____

Is your child currently on any medications? YES NO

If yes, please list: _____

Emergency Contact Information – Please list TWO contacts.

Contact Name: _____

Relationship to student: _____

Contact Phone Number: _____

Contact Name: _____

Relationship to student: _____

Contact Phone Number: _____

As the parent/guardian of a minor student attending River Mill Cheer Camp, I understand that the River Mill Academy staff and High School Cheerleaders will make every reasonable effort to endure the safety of persons involved in activities at Cheer Camp. I further understand that River Mill Academy and Cheer Camp Volunteers will not be responsible for accident or injury that may occur and I hereby expressly waive any claim for liability against River Mill Academy, including its employees and representatives, and release them from all liability in connection with Cheer Camp at River Mill Academy. In case of a medical emergency, I understand that every effort will be made to contact parents or guardians. In the event that they cannot be reached, I hereby give permission to the River Mill Academy staff or representative to secure medical treatment for my child.

Parent/Guardian Name (Printed)

Parent/Guardian Name (Signature)

Date 5