

LITTLE H YA

CHEER CAMP

WHO?

PK-5th

WHEN?

July 8-11

9am-noon*

WHERE?

Harrison High
School

WHAT?

EACH camper will:

- receive twelve (12) hours of quality cheerleading instruction, grouped by grade, from Harrison High School Cheerleaders.
- receive a Little Hoya Cheer Camp t-shirt, if registration paid on time, may not be available for walk up registrations.
- be provided with daily snacks
- receive a copy of his/her picture taken with the “Hoya Dog”
 - *Picture day will be Tuesday, July 9h for all campers so please plan accordingly*
- participate with his/her group in the HOYA SPIRIT PEP RALLY, on *Thursday, July 11, at 10:30am. Parents are invited to attend.

HOW?

Option 1: Using this brochure, fill-out the registration form included, then mail the registration form AND payment to HHS (see registration form).

Option 2: ONLINE at www.hoyacheer.com (this method allows you to pay by credit/debit card. *Fees apply*).

Option 3: At camp on July 8th (this will be a late registration, so we cannot guarantee your camper’s t-shirt size and the registration fee is higher— see registration form for details & cost).

QUESTIONS?

 Email – gohoyacheer@gmail.com

PLEASE KEEP THIS FORM FOR YOUR REFERENCE

Little Hoya Cheer Camp

July 8-11, 9am-noon

Sponsored by The Harrison High School Cheerleaders

*** REGISTRATION FORM ***

CAMPER INFORMATION

Camper's Name _____

Street Address _____

City / State / Zip _____

Home Phone _____ Parent Cell Phone _____

IF a Hoya Cheerleader invited you to Little Hoya Cheer Camp, please write her name below.

(HHS Cheerleader)

Parent Email address ***REQUIRED*** You will receive email confirmation of registration.

LHCC Camper T-shirt Size (Please only check the correct box for the camper listed above!)

Youth Small 6/8

Youth Medium 10/12

Youth Large 14/16

Adult Small

Adult Medium

Adult Large

Method of Payment (We prefer checks!)

Please make checks payable to: HHSCBC

_____ X _____ = _____
of campers Registration fee Amount due
(based on date of registration)

Cash \$ _____

Check # _____

Registration Submission

Mail registration form & check to:

HHS Cheer Program ~ LHCC
4500 Due West Road NW
Kennesaw, GA 30152-3855
ATTN: Kelly Dickmann

Questions?

Contact Kelly Dickmann

Email: GoHoyaCheer@gmail.com

Phone: 678-594-8104, ext. 059

Fax: 678-594-8106



**PLEASE MAKE SURE YOU:

1. Fill out this form (BOTH SIDES) in its ENTIRETY! We **MUST** have ALL information requested on this form before your child may participate!
2. Send Check or Cash for the CORRECT amount! *This is **non-refundable** as HS cheerleaders receive credit for each participant registered under their name.

Early Registration

Return to HHS Front Office OR Postmarked by Friday, June 14th, 2019.

1 camper= \$80.00

2 campers (siblings) = \$150.00

Late Registration*

Received on or after Saturday, June 15th, 2019

1 camper= \$100.00

2 campers (siblings) = \$190.00

*T-shirt size cannot be guaranteed for orders received during LATE registration!

Little Hoya Cheer Camp

Sponsored by The Harrison High School Cheerleaders

*** REGISTRATION FORM ***

Consent & Contact Information

Please Fill in ALL Blanks! If this form is not completed your child cannot participate! Please fill out a new form for EACH child!

Name: _____

Age: _____ (as of 7/8/19) Grade (SY 19-20): PRE-K K 1 2 3 4 5 Check ONE
THIS COMING SCHOOL YEAR

PARENT CONTACT INFORMATION

Contact #1: Name: _____ Relationship: _____

Contact #1's Cell Number: _____ Contact #1's Work Number: _____

Contact #2: Name: _____ Relationship: _____

Contact #2's Cell Number: _____ Contact #2's Work Number: _____

~~~~~Harrison High School does not carry insurance on camp participants.~~~~~

**Your child MUST have insurance to participate! NO EXECPTIONS!**

Name of Insurance Company: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Primary Physician: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Allergies or other medical needs that we should be aware of? \_\_\_\_\_

Any Special Requests?: \_\_\_\_\_

I hereby state that my child is physically fit and has my permission to participate in all camp activities. I also grant permission to have my child treated by a physician if necessary. I further state that I shall not hold Cobb County Public Schools, Harrison High School, nor any of its coaches or students responsible or liable for any injuries incurred during this camp. I understand that each parent or guardian is responsible for any medical bills incurred as a result of my child's participation in cheerleading camp activities at Harrison High School.

Parent #1 Signature: \_\_\_\_\_

#### Persons to call in case of emergency or in case parents cannot be reached (VERY IMPORTANT):

1. Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Telephone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Telephone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Telephone #: \_\_\_\_\_