

RHS Mini Cheer Camp Registration Form

PLEASE RETURN THIS PORTION ALONG WITH THE PERMISSION FORM

Participant's Name: _____

Age: _____ Grade: _____

Parent/Guardian: _____

Home Number: _____ Cell Number: _____

T-shirt size: Child: XS S M L

Adult: S M L XL

Parents may buy a t-shirt for \$20.00.

When: October 20, 2019 (Sunday)

Time: 3:00 p.m.- 5:00 p.m.

Where: Runge High School Gym

Who: 4 years old – 6th grade

Registration: Camp fee is **\$25.00** for the first child and **\$20.00** for each additional sibling. Please make checks payable to **Runge ISD**. Participants will receive a T-shirt. You may turn this form and money into your child's teacher or into Ms. Cuellar at the high school.

Camp Day: Participants need to bring a bottle of water with their names on it. They need to have tennis shoes, and shorts/t-shirt clothing. They will learn cheers, chants, and jumps. Participants must have their permission forms signed and be paid for on or before camp day.

Performance Night: Participants will perform Friday, November 1, 2019. Participants need to arrive to the game at 7:00 p.m. A parent needs to be in the stands waiting for their child (ren) to be released back to them after they perform the material from camp. Each participant will receive a game pass that must be presented at the gate to get in free, but parents will have to purchase a ticket.

****Participants will have a short performance for parents immediately following camp at 5:00PM. Parents are allowed to stay and watch their child(ren) during camp but must stay in the stands. Participants need to arrive and be picked up on time. We greatly appreciate your cooperation in this matter.****

Runge Independent School District

P.O. Box 158

Runge, Texas 78151

Fax: (830) 239-4816

I give permission for my child, _____, to attend the RHS Mini Cheer Camp, on **October 20 , 2019** at Runge High School Gym. I understand that I am responsible for providing a working telephone number for the person I designate as being responsible for making decisions concerning my child while at the camp. If the designated person is someone other than myself or spouse, I will let that person know I have designated him/her and ask him/her to stay close to the phone in case of emergency. I will let Ms. Cuellar know immediately of any changes.

*****Please be aware that NO ONE can legally authorize medical treatment for a child except his/her parent or legal guardian.*****

Please call ME if there is an emergency. I can be reached at _____.

I have designated _____. He/She can be reached at _____. I understand that this person may not authorize emergency treatment for my child at the hospital.

Please sign below and have your child return this form by October 18, 2019. If it is not returned, we will assume you do not want your child to attend the camp.

We will be checking in at 2:45 p.m. and releasing at approximately 5:00 p.m.

Parent's Signature

Date

Additional emergency contact numbers

Comments/additional information: (please include important medical information, allergies, etc.)

