

Baby
Cheer



Elephant
Camp

Fundraiser for the Varsity Football Cheerleaders

Dates: July 17th- 20th

Time: 8:30-12:00

Location:GHS Alumni Gym

Cost: \$70 per camper

Includes T-Shirt, Crafts, Dances & Cheers

Join us to cheer at the Elephant walk August 18 at 6:00pm

Spirit Days: Monday- Dress like a cheerleader

Tuesday-Princess Day

Wednesday-Tacky Day

Thursday- Camp Tshirt

Baby
Cheer



Elephant
Camp

Fundraiser for the Varsity Football Cheerleaders

Dates: July 17th- 20th

Time: 8:30-12:00

Location:GHS Alumni Gym

Cost: \$70 per camper

Includes T-Shirt, Crafts, Dances & Cheers

Join us to cheer at the Elephant walk August 18 at 6:00pm

Spirit Days: Monday- Dress like a cheerleader

Tuesday-Princess Day

Wednesday-Tacky Day

Thursday- Camp Tshirt

CAMPER INFORMATION

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

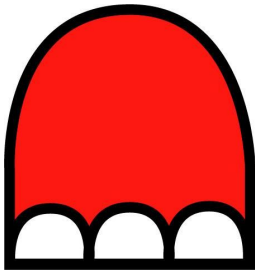
Age: _____ Entering Grade in fall: _____

School: _____

T-shirt Size: YS YM YL YXL

Adult S Ad. Med. Ad. LG Ad. XL

Specific medical allergies, medicine being taken or other conditions we should be aware of (if none, please write NONE):



CAMPER INFORMATION

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

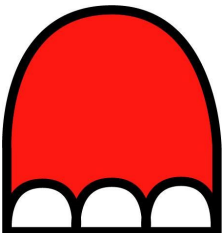
Age: _____ Entering Grade in fall: _____

School: _____

T-shirt Size: YS YM YL YXL

Adult S Ad. Med. Ad. LG Ad. XL

Specific medical allergies, medicine being taken or other conditions we should be aware of (if none, please write NONE):



EMERGENCY CONTACT INFORMATION

Name: _____

Home Phone: _____

Cell #: _____

I do hereby assume all risks of injury that might occur at this camp and hereby release, absolve, and waive any and all liability, claims, or demands against the Baby Elephant Cheerleading Camp, the coaches, cheerleaders and Gainesville High School. I certify that my child is in good health and is able to participate in all program activities. Furthermore, in the event an emergency required medical attention, I shall pay for the services rendered.

Signature of Parent and date

Please return this form no later than May 31 with check made payable to GHS Cheerleading and mail to:

Darby Shank
Gainesville High School
830 Century Place
Gainesville, Georgia 30501

EMERGENCY CONTACT INFORMATION

Name: _____

Home Phone: _____

Cell #: _____

I do hereby assume all risks of injury that might occur at this camp and hereby release, absolve, and waive any and all liability, claims, or demands against the Baby Elephant Cheerleading Camp, the coaches, cheerleaders, and Gainesville High School. I certify that my child is in good health and is able to participate in all program activities. Furthermore, in the event an emergency required medical attention, I shall pay for the services rendered.

Signature of Parent and date

Please return this form no later than May 31 with check made payable to GHS Cheerleading and mail to:

Darby Shank
Gainesville High School
830 Century Place
Gainesville, Georgia 30501

