

CMR Cheer Kids' Camp



SATURDAY, FEBRUARY 1ST, 2020

CHECK-IN & REGISTRATION BEGINS AT 8:30AM

CAMP 9:00-11:00 AM CMR FIELD HOUSE

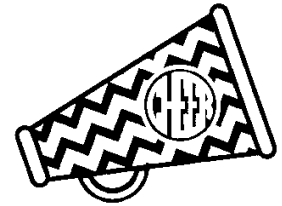
CAMPERS PERFORM DURING VARSITY GAME HALFTIME

PLEASE RETURN & MEET IN THE CAFETERIA BY 2:30 PM

GAME STARTS AT 3:00 PM



- ★ You'll learn cheers, a dance, motions, and jumps.
- ★ You'll play games and receive an autographed team poster.
- ★ You'll receive a cheer t-shirt (limited number, 1st come 1st serve).
- ★ You'll receive one child & one adult ticket to the Varsity Game
- ★ You'll receive a snack** & a drink (please provide a snack if any allergies are a concern)



Cost is \$30.00 per child. PreK- 8th grade ages welcome (4-13 years old).

Please return form & payment by January 31st for preregistration.

* Please make checks payable to CMR Cheer.*

Mail to: CMR High School 228 17th Avenue NW, Great Falls, MT; Attn: Cheer Camp

For questions, Please TEXT: Coach Culliton 406-781-7356 or Coach Beattie 406-836-7183.

Same day registration will be available. We cannot guarantee t-shirt size. 1st come, 1st serve.

Please PRINT. Please fill out completely, sign, date, and return bottom portion along with payment.

Child's First & Last Name: _____

Child's Tshirt Size (Cotton Unisex tshirt- circle 1): **Youth** S M L **Adult** S M L

Parent/Guardian's Name: _____ Phone#: _____

2nd Adult Contact: _____ 2nd Adult Phone #: _____

Allergies: Y or N (info: _____)*please provide a snack if any food allergies*

Physical/ Activity Limitations: _____

The undersigned further hereby agrees to hold harmless and indemnify said GFPS School District, its administration, employees, and coaches for any liability sustained by said cheer camp as the result of the negligent, willful, intentional or accidental acts of said participant, including expenses incurred attendant thereto.

We (I) are the parents or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said activities. We hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment and assume the responsibility of all medical bills, if any.

Parent/Guardian Signature: _____

Date: _____