

SHS Cheer Camp

When: August 5-7, 2019

Time: 8:30 AM - 11:30 AM

Where: Sacred Heart High School Gym

Cost: \$40.00 for first girl (T-shirt included)
\$10.00 for each additional sibling

Goal: Every girl will have the opportunity to experience 3 fun-filled days with the members of the 2019 Sacred Heart Cheerleader Squad and the chance to see what it is like to be a Trojan Cheerleader by cheering at half-time during the high school football game scheduled for Friday, September 27, 2019.

Themes:

- Day 1: Disney Day (any Disney character)
- Day 2: Pajama Party Day
- Day 3: Trojan Spirit Day (Royal Blue and Gold)

Who: K-8 Sacred Heart Girls
(Mandatory attendance for 8th grade cheerleaders)

What Will We Do?: Girls will learn stretches, cheers, chants and jumps

PARENTS, make plans to join us at 11:00 AM on Wednesday for our Cheer Showcase!!!

***The girls may bring a snack and a drink to camp each day if desired. Please write the child's name on each. These items will be collected and stored upon the girls' arrival each day.

*****HALFTIME PERFORMANCE AT SHS HOME FOOTBALL GAME ON FRIDAY, SEPTEMBER 27, 2019.**

SHS 2019 CHEER CAMP PARTICIPANT RELEASE FORM

(A form must be completed, signed and submitted **FOR EACH PARTICIPANT** prior to the child's involvement in camp.)

We request that our child _____ participate in the *SHS Trojan Cheer Camp*.

We believe the necessary precautions and plans for the child's care have been made. We feel that reasonable vigilance in the care and supervision of the children during the camp will be exercised. In consideration for making the arrangements for this camp, we hereby waive, release and forever discharge any and all claims against the Diocese of Lafayette, Sacred Heart School, their commissioners, board, teachers, employees, volunteers or agents for damages and/or injuries to or of my child listed in paragraph 1 above, which may arise from the participation of this activity.

We also believe, to the best of our knowledge that our child, listed in paragraph 1, is in excellent health.

Parent/Guardian's Signature: _____

Date: _____

Daytime Contact Number(s): _____
