Dragon Cheer
2014 Summer Cheer Clinic

Sponsored by: Cheerleaders of Carroll Senior High & High School

Where: Carroll High School
Cafeteria
800 North White Chapel

When: August 4, 5, 6, 7
9 am to 12:00 noon
Ages: K – 6

For more information, visit:
www.carrolldragoncheer.com

Cheer Instruction: The activities will include the fundamentals of cheerleading suitable for each age group. Camp includes a free t-shirt, snacks and water daily and awards certificates.

Showoff: Parents and family members are encouraged to attend the cheering exhibition on Thursday at 11:30 where the girls will show off what they have learned. Cameras welcome!

Cost: $100 pre-registration, $110 walk - up
To receive the discount, Pre-registration must be received by July 30, 2014. Make Checks out to Dragon Cheer.
*Concessions will be open daily for campers to purchase items.

Mail to: DRAGON CHEER
c/o Linda Tyler
1024 W. Winding Creek Dr,
Grapevine, TX 76051

For more information:
e-mail: lindaktyler@verizon.net
OR call Linda@ 214 763-8760

2014 SUMMER CHEER CLINIC REGISTRATION

August 4, 5, 6, 7, 2014 9:00 AM to 12:00 PM Parents Show: 11:30 on Thursday

Cost: $100 if pre-registered, $110 day of camp (checks payable to **Dragon Cheer**)

Child's Name _____

Parent's Name _____

Phone Number: _____ Alternate Phone Number: _____

Grade _____ School _____

Address: _____
Street city zip code

Does your child have any known allergies and/or physical restrictions?

_____

Please circle T-shirt size: **CS CM CL AS AM AL**

Release Form: We the parents of the above named do hereby grant permission for her/him to participate in the Carrroll Dragon Cheer Camp and acknowledge the fact that she/he is physically able to participate in camp activities. We understand that the Carrolll Cheer Camp does not provide medical insurance covering injuries of any nature incurred during the 2014 Carroll Summer Cheer Camp. The undersigned hereby releases the Carroll Cheer Camp and Carroll Schools from any and all claims, demands, and causes of action whatsoever in any way growing out of or resulting from the participation in the Carroll Cheer Camp.

_____Cheerleader Referral_____
Parent Signature

Parent's e-mail address: _____

For office use only:

Clinic Registration Fee: date:_____ check #_____