



Edgewood Summer Mini Cheer Camp

2024

REMINDERS FOR CAMPERS:

Breakfast will be provided.

Please bring water and wear tennis shoes.

Campers will wear their tshirt and cheer with Varsity Cheerleaders at the first home football game of the season.

DETAILS:

Date: Saturday, June 8

Time: 9:00 AM - 11:00 PM

Who: Incoming Kindergarten - Incoming 6th Grade

Where: High School Gym/Football Field

Price: \$25

Checks may be made payable to EHS. Please mail checks to 804 E. Pine St. Edgewood, TX 75117 ATTN: EHS Cheerleaders. You must pre-register to receive a tshirt.

CAMPER INFORMATION

Name: _____

DOB: _____ Age: _____

Grade (24-25 school year): _____

Shirt Size: YS YM YL YXL AS AM AL AXL

PARENTAL CONSENT

District release of liability:

In consideration of its use of the Edgewood Independent School District facilities, the undersigned organization agrees that the Edgewood Independent School District, its Board of Trustees, Agents, Employees, and Representatives shall not be liable to the undersigned for damage to any person or property regardless of whose negligence or acts of omission cause such injury or damage. The undersigned agrees to indemnify and hold harmless the Edgewood Independent School District, its Board of Trustees, Agents, Employees, and Representatives from all suits, actions, claims, expenses, including attorney's fees and damages of any character, type of persons or property arising out of or occasioned by the use of the premises by the undersigned, its Agents, Patrons, Visitors, Guests, Representatives, Employees, or other persons allowed on the premises by the undersigned during the time set forth in the facility use agreement. The undersigned hereby waives all defects that may exist on the premises to be used by the undersigned. I do hereby approve my child's participation in Edgewood Summer Camps.

In addition, I certify that my child is in good health and able to participate with no limitations (unless otherwise noted). In the event that a medical emergency occurs and I am not on the premises or cannot be contacted, I give permission to secure medical attention.

Parent Name: _____

Parent Signature: _____

Home and Cell Phone: _____

Address: _____



STAFF USE ONLY:

Payment Type

Date Turned In

CONTACT INFORMATION:

For questions, contact Lacey Rotan at lrotan@edgewood-isd.net.