

# FHS CHEERLEADING CAMP

Come learn how to cheer for your favorite sports team with Kalispell Parks and Recreation and the Flathead High School Cheerleaders. (A portion of the proceeds go to the cheerleading squad). FHS cheers, chants, jumps, and stunts will be taught. Participants will be performing at half time during an FHS varsity basketball game.



- Age:** 5 years old and above
- Date:** Saturday, January 11, 2020
- Time:** Camp runs from 10am-1:30pm
- Performance:** Game starts at 2:00pm. Performance will be at half time of varsity game at Flathead High School
- Camp Location:** Rankin Elementary
- Cost:** \$46 includes a t-shirt & admittance to game (family must pay for admittance to game separately)
- Instructors:** Flathead High School Cheerleaders (fundraiser to support the cheerleaders)
- Information:** Phone:758-7848 Fax: 758-7719 E-mail: ccourtney@kalispell.com

Please make checks payable to Kalispell City Parks and Recreation (KPR). Registrations can be mailed to P.O. Box 1997, Kalispell, MT 59903 or dropped off at our office on 306 First Avenue East.

## Cheerleading Camp 2020 Registration

E-mail \_\_\_\_\_

T-Shirt size (check) Youth XS S M L XL Adult S M L

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact( Name & Phone Number) \_\_\_\_\_

Medical information we might need to know about \_\_\_\_\_

I, the parent/guardian of the above named participant, hereby give approval for child to participate in the FHS Cheerleading Camp and assume all risks and hazards incidental to the conduct of the activity. I hereby release, absolve, indemnify, and hold harmless the City of Kalispell, Kalispell School District 5, the organizers, sponsors, supervisors, employees, representatives, and, or all of them, for any injuries my child may sustain as a participant in the FHS Cheerleading Camp. (All participants are involved at their own risk. Any registration fee paid does not provide insurance.)

Legal Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only
Receipt #
Amount
Date
By