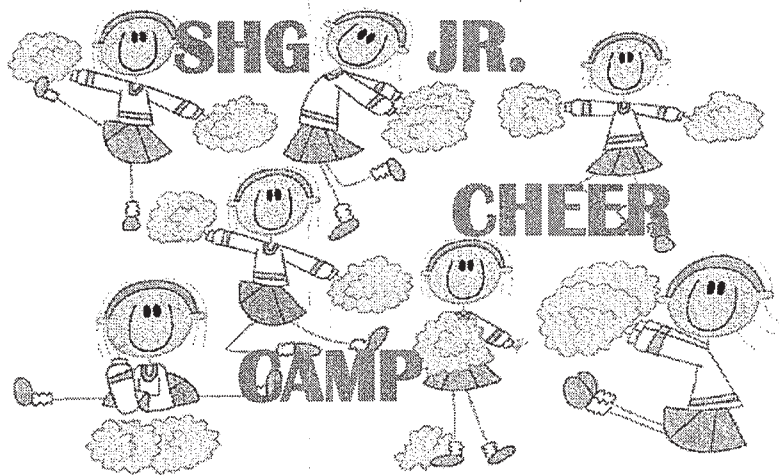


will distribute



Who: All students grades K-8
What: Basketball Season Jr. Cheer Camp and Competition
When: Monday, Feb. 20th 8:00 AM – 5:00 PM (check-in starts at 7:30 AM)
Performance starts at 4:30
Where: St. Joseph 1344 North 5th Street

Campers will have a great time in an all day camp with the SHG cheerleaders. Parents can relax about finding a babysitter because the SHG cheerleaders have come up with the perfect remedy! Campers will spend the day learning how to construct a cheerleading routine. Basic stunts cheer and chants and a dance will be learned in a 1 minute 30 second routine and then performed in the 1st Annual SHG Cheerleading Jr. Camper Competition. Campers perform for parents from 4:30-5:00 PM and will be awarded a medal for competing that day! The \$50 fee includes a camp T-shirt, two snacks, lunch, a medal, and all day fun and care. Camp attire is black shorts, the camp T-shirt (distributed that day), sneakers and hair in a ponytail if possible, NO jewelry.

Your check and registration form **MUST** be received **NO LATER** than Wednesday Feb. 15th or reservation made to guarantee your child gets a shirt on camp day! Late-comers and walk-ins are always welcome; however, shirts may not be available until later in the week. Mail/drop off form and check (payable to SHG Cheer) to:

SHG Cheer Camp – 1200 West Washington

Questions? Please call Robbie Johnston, 217-553-2082

✂ *****

Name _____ Grade _____ School _____

Address _____ City _____ Zip _____ Phone _____

Email (for confirmation and future camp info) _____

Shirt Size (6-8) _____ (10-12) _____ (14-16) _____ Adult Sm. _____ Adult Med. _____ Adult Lg. _____

***If you have a tiny Jr. Camper remember to select youth sizing, not a S,M,L adult!!!!**

____ Yes, I have insurance providing injury/hospital coverage for my child. I hereby release SHG coaches, cheerleaders, chaperones, SHG employees and administration from all liability for any injury to my child.

In the event of illness or injury and I cannot be reached immediately, I hereby authorize the coaches or chaperones to provide the first aid deemed necessary including hospital emergency treatment. I understand I will be notified of any such action as soon as possible.

Parent Name (please print) _____ Phone _____

Emergency Contact _____ Phone _____

Preferred Hospital _____ Parent Signature _____