

CAMP APPLICATION

Camper's Name: _____

Parents'/Guardians'

Names: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

School: _____

Grade (2021-22): _____

Shirt Size (circle one):

YS YM YL
AS AM AL AXL

_____ Pre-registered, single camper at \$50 each.

_____ Pre-registered, additional family campers at \$35 each.

_____ Walk-up registration at \$60 each.

_____ Total Payment

Pre-registration with payment is due by:
June 1, 2021.

Please make checks payable to:
Delone Catholic High School Athletic Association

All proceeds will benefit
Delone Catholic High School Athletic Programs.

Please mail completed application and payment to:
Delone Catholic High School
ATTN: Cheer Camp
140 South Oxford Avenue
McSherrystown, Pa. 17344

For more information, please call the
Athletics Department at 717-637-5969, Ext.213 or
e-mail Coach Leonard at
jleonard@delonecatholic.org



DELONE CATHOLIC HIGH SCHOOL
ATTN: Cheer Camp
140 South Oxford Avenue
McSherrystown, Pa. 17344

For more information, please call:
Athletics Department at 717-637-5969, Ext. 213



2021 SQUIRE CHEER CAMP

For Girls Entering
Grades 3-8

July 12-14, 2021
6 - 8 p.m.

Meet in Gym Lobby
at
Delone Catholic
High School

CHEER CAMP

SKILLS CAMP

- Instruction in fundamental cheer skills.
- Exercises to improve jumps and build strength.
- Cheer and sideline instruction.
- Camp dance.
- Basic partner stunt instruction.
- Free T-shirt.

COACHING STAFF

Head Coach
Janice Leonard '93

Assistant Coaches
Missy Zinn '90
Heather Zortman '98

Additional staffing provided by the high school cheerleaders.

COST

(includes T-shirt and awards)

Pre-registration:

Single camper: \$50 per camper

Additional family campers: \$35 each.

Walk-up registration: \$60 per camper

EQUIPMENT

Shorts, shirts and sneakers. Campers should bring a water bottle.



MEDICAL WAIVER

I, the undersigned, hereby expressly and affirmatively state that I wish for my child,

_____ to participate in the Squire Sports Camp. I realize that my child's participation in this activity or the use of equipment involves various risks of injury. In consideration of being allowed to participate in the activities and programs provided through Delone Catholic High School, I do hereby waive, release and forever discharge Delone Catholic High School, and all of its directors, officials, agents, employees, representatives, event staff and all other affiliates from any and all responsibility or liability for injuries or damages resulting from this activity. I do also hereby release all of those mentioned, and any others acting upon their behalf, from any responsibility or liability for any injury or damage to my child, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my child's participation in any of the contemplated activities or in the use of equipment through Delone Catholic High School, or otherwise.

My child is in good health and is able to participate in camp activities without restrictions. I certify that I have health insurance coverage which will be applied in the event of an injury. I will be responsible for any expenses incurred due to injuries and medical treatment.

Parent/Guardian Signature: _____

Date: _____

Insurance Company Name: _____

Policy #: _____

*** A signed COVID-19 Acknowledge Form is required for participation.