

EMERGENCY INFORMATION

Parent Name _____

Emergency Phone # _____

Additional name and phone number if
parent is unavailable

Name _____

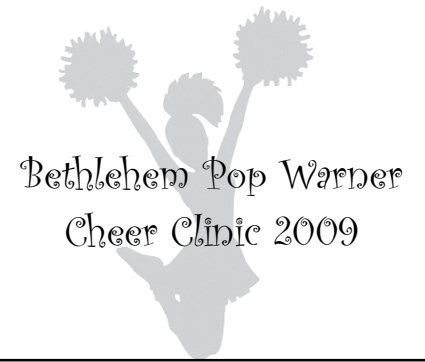
Phone # _____

Family Physician _____

Phone # _____

Medical Insurance Coverage

Medical conditions or allergies staff needs to
be aware of:



*Instruction from BC
Coaches and Cheerleaders*

Pizza Party Friday Night

*For all Pop Warner
Cheerleaders*

*July 6th-10th
6:00-8:00 PM
Bethlehem Central
High School*

Camp Information

Girls will be broken into groups by age and then rotate through a series of stations each night. Stations will teach proper jump, stunt and cheer techniques. Cheerleaders will also learn a group cheer with their age group.

Daily Clinic Schedule

6:00-6:15 **Stretching**

6:15-7:00 **Stations**

- K-4th grade age groups:
Jumps, Motions, Stunts
- 5th-8th grade age groups:
Jumps, Stunts, Dance

7:00-7:15 **Break**

7:15-7:45 **Learn/Practice Cheer**

7:45-8:00 **Perform Cheer**

*ALL CLINIC PARTICIPANTS WILL
RECEIVE A T-SHIRT AT THE END OF THE
WEEK.*

*Spirit Activities Friday at 7pm
followed by a pizza party!*

Camp Date: JULY 6th-10th

Camp Time: 6:00PM-8:00PM

Camp Location: BCHS High School Field.

Camp Cost: \$60

*FAMILY COST (2 OR MORE CHEERLEADERS
IN SAME FAMILY) \$100*

*REGISTRATION AND PAYMENT MUST BE RE-
CEIVED BY JUNE 30TH.*

*ALL PAYMENTS ARE FINAL. NO REFUNDS
AVAILABLE.*

Make Checks Payable To:

Bethlehem Cheerleading

To register, complete and return the registration and emergency information forms to:

Kara Kaplan- Varsity Cheerleading

Bethlehem High School

700 Delaware Ave.

Delmar, NY 12054

Camp Registration Form

Name _____

Address _____

Phone # _____

School _____

Current Grade _____

Parental Permission

I give my child permission to attend the Bethlehem Pop Warner Cheer Clinic and agree to indemnify and hold harmless the Bethlehem Pop Warner Cheer Clinic and its employees from any claim which here after be presented on behalf of my child as a result of any injuries. In addition, my child will conform to all clinic rules.

Parent/Guardian Signature