

Dragon Cheer
Summer Cheer Clinic

**Sponsored by: Cheerleaders of
Carroll Senior High & High School**

Where: Carroll Senior High School
Student Activity Center
1501 West Soutlake Boulevard

When: August 6, 7, 8, 9
9 am to 12:00
Ages: K - 6

For more information, visit:
www.carrolldragoncheer.com

Cheer Instruction: The activities will include the fundamentals of cheerleading suitable for each age group. Camp includes a free t-shirt, snacks and water daily and awards certificates.

Showoff: Parents and family members are encouraged to attend the cheering exhibition on Thursday at 11:30 where the girls will show off what they have learned. Cameras welcome!

Cost: \$95 pre-registration , \$105 walk - up
To receive the discount, Pre-registration must be received by July 27, 2012 Make Checks out to Dragon Cheer.

*Concessions will be open daily for campers to purchase items.

Mail to: DRAGON CHEER
c/o Michele Koskovich
2024 Vail Road
Southlake, TX 76092

For more information:
e-mail: koskocm@gmail.com

OR call Michele @ 720- 289-6847

2012 SUMMER CHEER CLINIC REGISTRATION

August 6, 7, 8, and 9, 2012 9:00 AM to 12:00 PM Parents Show: 11:30 on Thursday

Cost: \$95 if pre-registered, \$105 day of camp (checks payable to Dragon Cheer)

Child's Name _____

Parent's Name _____

Phone Number: _____ Alternate Phone Number: _____

Grade _____ School _____

Address: _____
Street city zip code school

Does your child have any known allergies and/or physical restrictions?

Please circle T-shirt size: CS CM CL AS AM AL

Release Form: We the parents of the above named do hereby grant permission for her/him to participate in the CHS Cheer Camp and acknowledge the fact that she/he is physically able to participate in camp activities. We understand that the CHS Cheer Camp does not provide medical insurance covering injuries of any nature incurred during the 2011 CHS Cheer Camp. The undersigned hereby releases the CHS Cheer Camp and Carroll Schools from any and all claims, demands, and causes of action whatsoever in any way growing out of or resulting from the participation in the CHS Cheer Camp.

Parent Signature _____ Cheerleader Referral _____

Parent's e-mail address: _____

For office use only:

Clinic Registration Fee: date: _____ check # _____ amount \$ _____

