

**Dragon Cheer**  
**Winter Mini Camp**



**2012 WINTER MINI CHEER CLINIC REGISTRATION**

**Saturday February 11<sup>th</sup>, 2012 9:00 AM to 12:30PM Parents Show: NOON**

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

**Cost: \$45 if pre-registered, \$55 day of camp (checks payable to Dragon Cheer)**

**Where:** Carroll High School Cafeteria

**When: February 11<sup>th</sup>**  
9am to 12:30  
**Ages: K – 6**

For more information, visit:  
[www.carrolldragoncheer.com](http://www.carrolldragoncheer.com)

**Cheer Instruction:** The activities will include the fundamentals of cheerleading suitable for each age group.

**Showoff:** Parents and family members are encouraged to attend the cheering exhibition at 12:00 pm where the girls will show off what they have learned

**Cost:** \$45 pre-registration , \$55 walk - up  
To receive the discount, Pre-registration must be received by Feb. 8<sup>th</sup>. Make Checks out to Dragon Cheer.

\*Snacks and water will be provided free of charge. Concessions will be open for campers to purchase items.

**Mail to: DRAGON CHEER**  
**c/o Kendra Farmer**  
**1434 Eagle Bend**  
**Southlake, TX 76092**

**For more information:**  
e-mail: [Kendra.Farmer@verizon.net](mailto:Kendra.Farmer@verizon.net)

OR call Kendra @ 817-689-4551

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

Parent's Name \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Grade \_\_\_\_\_

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 \$ \_\_\_\_\_