



## Frederick County Cheerleading Camp Sponsored by the UHS Athletic Boosters Organization

Open to all kindergarten through incoming 9<sup>th</sup> graders interested  
in trying out for cheerleading

Dates: June 27-30

Times: 8:00 am - 12:00 pm

Place: UHS auxiliary gym and cafeteria

Cost: \$100

We will learn chants and cheers, jump sequences, tumbling, and stunting.  
This is a great way to review the basics and/or refine your skills prior to  
tryouts.

The camp will be taught by UHS cheerleaders past and present, some of  
whom currently cheer in college.

Checks should be made payable to **UHS Athletic Boosters, Inc.**

Registration sheets can be mailed to:

Cheerleading Camp

c/o UHS Athletic Boosters

3471 Campus Drive

Ijamsville, MD 21754

Please e-mail [heather.digges@fcps.org](mailto:heather.digges@fcps.org) or [tracy.easterday@fcps.org](mailto:tracy.easterday@fcps.org) with  
questions.

*FCSC is not a licensed child care provider.*

*These materials are neither sponsored by nor endorsed by the Board of Education of Frederick County, the  
superintendent, or this school.*

<b>UHS Cheerleading Camp Participant Form</b>
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Participant Name and Grade: \_\_\_\_\_

Participant's Birthdate \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

T-shirt size	Youth Small medium large	Youth Medium x-large	Youth large	small
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**Parent Release Form**

My child \_\_\_\_\_ has my permission to participate in the Frederick County Cheerleading Camp on June 27- 30, 2011, at Urbana High School. In the event that I cannot be contacted, I authorize emergency medical technicians to administer the necessary first aid immediately to my child, should she become injured or sick during the camp and require treatment. I understand that Urbana High School and its staff, FCPS, The UHS Athletic Boosters and its officers, coaches, and staff are not responsible for any injuries that may occur during the camp.

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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Insurance Co./Group #: \_\_\_\_\_

Doctor: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_