COLUMBUS COUGARS

CHEER CAMP

Kids will learn skills based on current abilities. Motions, cheers, chants, dances, as well as some stunting!

SIGN UP NOW

Return form and registration fee to MS office by 6/5/26 (contact Coach Aubre for late registration).

Open to all kids entering grades K-8 in fall 2025.

Grades K-2 **8:30AM-10AM**

Grades 3-4 **10:30AM-12:30PM**

Grades 5-8 **1PM-3PM**

JUNE 24-26TH

Heritage Park

Peformance for family last day of camp

Early Bird Special	Late Registration
$50	**$60**
Before 6/5	After 6/5

Cash or check to CHS

Camp put on by Coach Aubre Hartsock aubre.hartsock@gmail.com | 406-263-1102

Student Name: _____

Parent/Guardian Name: _____

Grade (2025-2026): _____ T-Shirt Size: _____

Address: _____

Phone Number: _____

Email: _____

Important Medical Information: _____

_____

Emergency Contact (other than parent/guardian listed above)

Name: _____

Phone Number: _____

I, the undersigned, hereby declare and affirm that:

- **I am the parent/legal guardian of the youth named above (hereinafter referred to as "Child"), who is under my care and responsibility.**
- I hereby declare and affirm that my Child is physically fit to take part in the Camp's activities and my Child has no known illness or adverse medical condition that would render him/her unfit to participate therein other than the information specified in the medical information above.
- I shall immediately advise the organizers in writing, should i discover any illness, adverse medical condition, or any other physical defect that would render my Child unfit to participate in the recreational and sporting activities of the Camp.
- I shall notify the organizers immediately in case I revoke my consent to the Camp for this event.
- I hereby authorize the organizers of the Camp to act accordingly to their best judgement in emergency requiring medical attention.
- I, for myself and my Child, hereby release Columbus Public Schools and the Camp organizers from all liability, claims or causes of action from the illness, injury, or death of my child resulting from or incurred during attendance at the Camp. I acknowledge that Columbus Public Schools and the Camp do not provide insurance for the camp's participants.

_____

Parent/Guardian Signature Date