

# Fall Cheer Camp

September 16th  
8 am - 12 pm

**\$35**



**Half Season**  
**TEAM LEVEL PLACEMENTS**  
8 am - 12 pm

**\$60**

**COMPETE! PERFORM!**  
**MAKE FRIENDS!**



**SEPTEMBER 16TH & 17TH**

\* Receive \$5 off if Register by August 31st \*



Camp will be held at our Cheer Location:  
1359 Planeview Dr. Suite 3, Oshkosh WI 54904

**Day 1:** Come be a cheerleader for a day and learn to stunt, jump, dance and tumble! We will also be playing some fun games and have a performance for parents at 11:45!

**Day 2:** We will be digging deeper to learn more advanced cheer skills and assessing those who would like to join our half season competitive cheer team! Half Season Placement Athletes are required to come both days.

### Registration Form

Circle one:            New Athlete                                  Returning Athlete

Athlete's Full Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Athlete's Nick Name \_\_\_\_\_

Athlete's Birth Date \_\_\_\_\_ Athlete's Age as of August 31, 2017 \_\_\_\_\_

Parent's Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Street Address, City \_\_\_\_\_

Are you interested in participating on more than 1 team? (Check) Yes \_\_\_\_\_ No \_\_\_\_\_

Did you register with a Friend? Yes \_\_\_ No \_\_\_ Friend's Name \_\_\_\_\_

Payment: Stop by the gym with registration form and payment OR mail form/payment to:

**OGC, 2080 W 20th Ave, Oshkosh WI 54904**

**AUTHORIZATION OF MEDICAL CARE:** In case of illness or injury while with Oshkosh Gymnastics & Cheer, LLC in cases where a parent cannot be reached, the staff of Oshkosh Gymnastics & Cheer, LLC may authorize medical care and treatment for the above named participant.

**AGREEMENT TO PARTICIPATE:** I understand that cheer like any other situation involving height and movement involves risk and the chance of serious injury. This student has no problems that might compromise their safe involvement.

**LIABILITY WAIVER:** I understand that Oshkosh Gymnastics & Cheer, LLC carries secondary insurance for participants and forever releases the staff and owners from responsibility of liability for medical expenses incurred by any participant.

\_\_\_\_\_  
Signature of Parent/Guardian                                  Date