



ORHS SPRING JUNIOR CHEER CAMP



June 3rd @ the ORHS 9th grade campus from 10am-2pm

Participants Name: _____

Grade: _____ Age: _____

Address: _____
Street/Apt City State Zip

Shirt Size: YS YM YL AS AM AL
(circle one, Y represents YOUTH size)

Emergency Contact:

Name: _____ Relationship: _____

Number to call during 10:00am-2:00pm : _____

Medical Release:

My child _____ wishes to participate in the ORHS Junior Cheer Clinic on June 3rd. I understand the risks and dangers involved while participating in the activities for the clinic. I hereby release the coaches, cheerleaders, mascots, Oak Ridge High School, and Conroe Independent School District of any and all liability, claims, and causes of actions arising out of or in any way connected with my child's participation in this clinic offered by the ORHS Cheer Program.

Parent's Signature

Date

If you are mailing in your form and payment:
Please mail to:

Attn: Coach Sarah Parker
27330 Oak Ridge School Rd
Conroe, TX 77385

Checks need to be made out to:
ORHS Sports Booster Club

**** T-shirts will be handed out on the day of clinic during registration, unless you registered past May 26th. There is a chance the size of choice for those registering after May 26th will be available. If not, the shirt will be mailed to the address listed above.

ORHS Cheerleader's Name: **Meghan Traylor**

