



Invites You to Participate in Our  
**Junior Aztecs Summer Day Camp!**

*Do you love to Cheer, Dance, Jump & Tumble?  
Want to get a glimpse of what being high school cheerleader is like?  
Looking to make new friends while learning from your favorite high school cheerleaders?*

**No experience necessary. Girls & boys ages 4 – 13 years old are invited to participate!**

Participants will receive cheer & dance instruction, learn multiple cheers, a camp routine, and play games. The camp routine will include level appropriate stunting, jumping, tumbling, and dancing. Participants will be taught by the award winning Esperanza Cheerleaders & coaching staff. Participants will also perform for family and friends at the end of the third day of camp.

**Camp Dates:** Tuesday, July 25<sup>th</sup> – Thursday, July 27<sup>th</sup> from 9:00am – 1:00pm  
(Registration: 8:30am-9:00am on Tuesday, July 25<sup>th</sup>; Wednesday & Thursday drop off: 8:45am – 9:00am)

**Where:** Esperanza High School Practice Gym

**Attire:** T-shirt & shorts/skirt; closed-toe shoes; Please have hair pulled back in a neat high ponytail. Please no jewelry.

**Cost:** \$95 (includes the 3-day camp, camp t-shirt, hair ribbon, & camp photo)

**What to Bring:** Please send your child to camp with a lunch, snack, and plenty of water each day.  
(Please avoid sending your child to camp with foods that contain nuts.)

**What you need to do?:** Complete and submit the camp registration/release form and payment. You may submit your form and payment by mailing them to Esperanza High School, mailing them to the EHS Cheer Boosters PO Box, giving them to an EHS Cheerleader, or turning them in on the first day of camp.  
**Please note: Camp registration forms & payments must be submitted by Wednesday, July 19<sup>th</sup> in order to guarantee the correct t-shirt size for your child.**

**Camp Performance:** Thursday, July 27<sup>th</sup> at 12:30pm; Parents, please arrive at 12:15pm

Mail form and cash, check, or money order to  
Esperanza Cheer & Song Booster Club  
PO Box 373, Yorba Linda, CA 92885  
Esperanza Cheer & Song Booster Club is a 501(c) 3 Organization -Tax ID # is: 33-0565297

**No Refunds**

# Esperanza High School Cheerleading Day Camp Registration Form

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Sex: M / F (circle one) Age: \_\_\_\_\_  
Shirt Size: (circle one) YXS YS YM YL YXL AS AM AL AXL  
Child's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mother's/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Father's/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**List any allergies, medical conditions, or physical limitations your child may have (if none, please state):**

\_\_\_\_\_

I, \_\_\_\_\_, the parent, legal guardian or custodian of \_\_\_\_\_, a minor child hereby acknowledge and authorize that my child/ward will participation in the Esperanza High School Cheerleading Day Clinic (hereinafter "Clinic"). I understand that my child/ward will attend and participate in this Clinic, and may on occasion be provided with Athletic Training and/or Transportation in connection with this Clinic. I acknowledge that my child/ward is participating in all events, activities, and Athletic Training and/or Transportation associated with this Clinic at his/her own risk. I hereby represent that said minor is in good health, has no communicable diseases, and has no physical conditions that would interfere with his/her participation in this Clinic. I do hereby knowingly, freely and voluntarily release, acquit, waive, discharge and covenant to hold harmless the Placentia Yorba Linda School District, Esperanza High School and its employees/representatives, volunteers and their respective heirs, successors, and assign from any and all liability, claims, causes of action, suits, controversies, contracts, promises, damages, debts, costs, expenses, loss of services, compensation, judgments, executions or demands whatsoever which may be sustained by me or my child/ward directly or indirectly in connection with, or arising out of my child/ward's use of the PYLUSD premises, participation in the Cheer Clinic and related events, or any associated Athletic Training and/or Transportation, whether he/she is participating in the Clinic or merely attending as a spectator or visitor of the Clinic, whether caused in whole or in part by the negligence of the PYLUSD, and any all of its departments, its officers, employees, agents, volunteers, or otherwise. I hereby give the PYLUSD and/or Esperanza High School the authority to authorize emergency transportations and/or emergency medical treatment to \_\_\_\_\_ my minor child/ward. Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

We do/ do not have medical coverage. (Circle) Name of Insured: \_\_\_\_\_  
Insurance Carrier: Policy/Group Number: \_\_\_\_\_

I also permit the PYLUSD representatives to sign all documents which are required in order to permit the emergency transportation and/or emergency treatment to the minor/ward. I have read this RELEASE AND WAIVER OF LIABILITY form and fully understand its terms. I further understand that I have given up substantial rights on my nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent permitted by law and agree that if any portion of this RELEASE AND WAIVER OF LIABILITY is held to be invalid or unconstitutional, only that portion shall be voided and the remainder of this document shall continue in full legal force and effect. My own behalf and on the behalf of my child/ward by signing this form and have signed it freely and without any inducement or assurance of any.

In case of emergency, please contact (other than parent):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_