

Helen Cox High School
CHEERLEADING CAMP

for Middle School Teams

Come have fun with the National Champion Helen Cox Cheerleaders as your team learns correct motions, material to use at games & performances (cheers, chants, dances) AND stunts/pyramids!!



Tuesday-Thursday, July 24-26, 2018

10 AM – 3 PM ~ Helen Cox HS Gym

Showcase at 4 PM on the Last Day!

Bring your own lunch (12-1)

Wear t-shirts, shorts & cheer shoes. It doesn't matter if the team matches.

Bring poms, signs & megaphones if your team has them!

\$50 per person (includes a camp shirt)

{cash, money order or school check}

Each person must have a liability waiver completed & turned in at the start of camp

~We have mats, quality instruction & adequate supervision~

Direct Questions To:

LaToya M. Bailey- Helen Cox Cheer Coach

Helen Cox High - Room A110

Phone- (504) 367-6388 ~ Fax- (504) 367-3176

Email- mstoya2@gmail.com or latoya.bailey@jppss.k12.la.us

Check us out on our website or on social media!!

HC Cheer Website- helencoxcheer.weebly.com

Twitter & Instagram - @helencoxcheer

Helen Cox High School

Cheerleading Camp/Workshop/Performance

Release and Liability Waiver Form

I, _____, understand that cheerleading has an inherent danger in participation, and that in spite of all precautions and accident preventatives, injuries do occur. I understand by the very nature of the activity, cheerleading and gymnastics carry a risk of physical injury. No matter how careful the participant and coach are, how many spotters are used, or what landing surface is used, the risk cannot be eliminated. I intend to be legally bound and do, hereby, for myself, my heirs, executors, and administrators, waive, release and forever discharge all claims which may arise now or in the future which I may accrue against Jefferson Parish Public School System, Helen Cox High School and any of its employees for any and all injuries suffered by my child while attending and participating in cheerleading camp/workshop/performance activities.

In order that my child receive the necessary medical treatment in the event of an injury or illness, I hereby authorize the Coach of the Helen Cox High School Cheerleaders to obtain medical treatment for my child for such injury or illness during any event, and I hold Helen Cox High School harmless in their exercise of the authority.

To the best of my knowledge, my child does not have any diseases or injuries that would medically prohibit her/his participation in Cheerleading Camp/Workshop/Performances at Helen Cox High School.

I further certify that I have read and understood the above statements and that the information provided is truthful to the best of my knowledge.

I hereby give my consent for my child to participate in Helen Cox High School Cheerleading Camp/Workshop/Performances.

My child suffers from the following conditions:

My child takes the following medications:

Insurance Info (Name of Insured/Number/Company)

Print Parent's or Guardian's Name

Signature

Date

Print Child's Name

Signature

Date