



# Hillgrove Cheerleading Association presents the 2020 Little Hawks Winter Cheer Camp

Sponsored by:  
Cheerleaders, Coaches, and Cheerleading Booster Club of Hillgrove High School

**Where:** Hillgrove High School (check in at Hillgrove Café – same side as Baseball Field)  
**When:** Tuesday, February 18<sup>th</sup> through Thursday, February 20<sup>th</sup>  
**Hawks Princes Party:** Thursday, February 20<sup>th</sup> – during camp  
**Camp Time:** 9AM to 12PM  
**Ages:** 4 years (Pre K) to 8<sup>th</sup> Grade (winter 2020)  
**Camp Cost:** \$75 for 3 days or \$35 per day

**Pre-Registration:** Register at [www.hillgrovecheer.org](http://www.hillgrovecheer.org) or mail registration and payment to:  
HHSCBC, 1203 Oakleigh Valley Drive, Powder Springs, Ga. 30127. Cash or Check accepted.  
Please make checks payable to HHSCBC and include camp participants name(s) on check.  
\*\*We will also accept registrations on the first day of camp – Tuesday, February 18<sup>th</sup>

**Other Info:** Campers should wear shorts or leggings, t-shirts and gym shoes. Campers should bring a water bottle and a light snack.

Participant Name: \_\_\_\_\_ Participant Name: \_\_\_\_\_

Grade (as of February 18, 2020): \_\_\_\_\_ Grade (as of February 18, 2020): \_\_\_\_\_

Please list any known allergies or physical restrictions: \_\_\_\_\_  
\_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Individuals other than parent that are authorized to pick up your child from camp: \_\_\_\_\_

How did you hear about the camp: **HS Cheerleader Referral:** \_\_\_\_\_ **School Email** **Flyer** **Other**  
(circle one or list name of cheerleader who referred you to the camp) HS Cheerleader Name

**Camp Payment Information:** \_\_\_\_\_ check enclosed (include amount and check number) \_\_\_\_\_ cash (will pay on first day of camp)

\_\_\_\_\_ Gift from a Hillgrove Hawks Cheerleader \_\_\_\_\_  
HS Cheerleader Name

I hereby authorize my child to participate in the 2020 Little Hawks Cheer Camp offered by the Hillgrove High School Cheerleading Booster Club, and by the execution of this release, I acknowledge and agree that all requirements, directions, supervision, and standards set by the directors of this program shall be established for my child's benefit. I hereby voluntarily assume all risk of accident or injury to my child which may arise out of his participation in this program, and therefore release and hold harmless all personnel associated with this program, and Hillgrove High School from any and all liability that may result from my child's participation. In addition, I hereby give my permission for emergency medical treatment in the event I cannot be reached in a timely manner.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Insurance Carrier and Policy Number

\_\_\_\_\_  
Emergency Contact Number

### For Office Use Only

Please mail registration and payment to HHSCBC, 1203 Oakleigh Valley Drive, Powder Springs, Ga. 30127

Please make checks payable to HHSCBC and include camp participants' name(s) on check.

Total # Camp Participants: \_\_\_\_\_ Total Cost: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Payment Type: CASH CHECK: \_\_\_\_\_  
check number