

Calling **ALL kids** grades TK-8<sup>th</sup> **SIGN UP NOW!**  
 for the 10<sup>th</sup> annual **Covenant Day School's**  
**CHEERLEADING CAMP!**

**July 23-26 ~ 9:00- noon**



- Practice exciting **Cheer Skills** with the **Awarding Winning CDS Varsity Cheerleaders**
- Enjoy **Daily Themes** while making new friends for fun Christian fellowship
- Receive a camp **T-shirt** to wear with YOUR Camp Cheer Team
- **Meet** the Covenant Day School's mascot; **Mr. Lion**
- **Cheer at the camp's grand finale Pep Rally!**
- **MS cheer campers receive one-on-one skill training throughout the week!**

**DON'T MISS THIS FUN, JOY FILLED, JAM PACKED SPIRIT WEEK!**

Parents, bring your cameras and get ready for a delightfully riotous pep rally the last day!  
 Each participant should check in with their parent at the main lobby of the CDS High School Gym each morning.

**THE COST FOR THIS EXCITING CAMP IS ONLY \$99.00!**  
**\$50 for each sibling!!!**

**To enroll:** Complete the attached registration form and Write your Check To: **CDS**  
 Be sure to include 'Cheer Camp' on the memo line.  
 (No refunds unless camp is cancelled. Returned checks; \$35 fine.)

Return them to the HS admin. office on campus or mail to:  
 Covenant Day School, Christ Covenant Lane, Matthews, NC 28105

**Questions? Contact Mary Hill at 704-814-1008 [mhill@covenantday.org](mailto:mhill@covenantday.org)**  
**or Jackie Weigel at 704-301-8516 [jweigel@covenantday.org](mailto:jweigel@covenantday.org)**

*Please fold, tear off, and turn in this form with your payment to the CDS office. Retain the top portion for your records.*

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent/Guardian's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 In an emergency, please contact \_\_\_\_\_ at \_\_\_\_\_

**T-Shirt Size(s): YOUTH SIZE: S M L or ADULT SIZES: S M L**  
 Please make checks payable to Covenant Day School

*As parent/guardian of the above participant(s), I certify that she is in excellent health and has no physical, mental, or emotional problems that are likely to prevent participation in rigorous physical play at the cheerleading camp. I grant permission for her to be treated by a member of the camp staff in the event of an accident, injury, or illness. I further agree to pay through my insurance company or otherwise for any medical treatment that may be necessary. I agree to release, indemnify, defend and hold harmless Covenant Day School and its personnel from all claims, actions, obligations, damages, liabilities, and expenses, including attorney's fees and expenses, asserted against Covenant Day School and/or its personnel to the extent caused (either directly or indirectly) by the action or inaction of a person associated with Covenant Day School.*

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**Signature of Parent/Guardian**                      **Insurance Company**                      **Ins. Policy Number**