

The 9th Annual
Putnam Valley Cheerleading Camp

July 28th – August 1st

Where: Putnam Valley High School

Time: 9:00 am – 2:00 pm

Grades: Entering 1st – 8th

Cost: \$135 per camper

(family discount - \$115 for each additional child)

Checks to be written to: Putnam Valley Central School District

Price includes: camp t-shirt, awards, arts and crafts

Campers will be grouped according to age and ability. Younger grades will have an assistant counselor, as well as, a head counselor. Any additional questions or concerns, please contact Mrs. Brothers at 845-528-8101 (PVMS) or Mrs. Albano via email at ralbano@pvcasd.org.

REGISTRATION DEADLINE: JUNE 6TH

We are limiting enrollment to 125 campers – register early to reserve your child’s spot.

FUN CAMP DAYS:

Tuesday – “Don’t match our clothes” day

Wednesday – “Red, white and blue” day

Thursday – “Group color” day

Friday – Camp Show – 1 pm – Camp t-shirt day

REMINDERS:

Campers should wear comfortable clothing and SNEAKERS. Hair should be tied back. Each child should bring a lunch in a clearly marked bag (lunches are not refrigerated). Water bottles (labeled) are suggested. Snacks and drinks will be sold during lunch.

Group colors:

grades K-1- pink ~~~ grade 2- blue

grade 3- yellow ~~~ grade 4- red

grade 5 – purple ~~~ grades 6,7,8- green

(if grade 6 is separate – orange)

Putnam Valley High School Cheerleading Camp Registration Form

Please return to the PVES, PVMS or PVHS main office with payment.
(check written to Putnam Valley Central School District - memo: cheerleading)

Registration DEADLINE – JUNE 6th

Camper's Name: _____

Home Address: _____

Birth date: _____

Grade entering in the fall: _____ School: _____

Parent(s): _____

Home Phone: _____

Cell Phone: _____

Parent Email: _____

Emergency Contact: _____

Phone: _____

I give permission for my child, _____ to be treated for any medical emergency and be transported to the hospital if necessary. I understand that such physical activity involves the potential for injury. I acknowledge that even with the best coaching, supervision and observance of rules, injuries are still a possibility.

I also acknowledge that my child, _____ is in good health and does not have any health related restraints that would not allow him/her to participate in such physical activity.

Parent Signature

Date

Any special information regarding your child's health, please list below (allergies, asthma, etc.)

Pediatrician/Doctor Name and Phone

_____ Phone (____) _____ - _____

Any medical information we need to know about: (ie. allergies, asthma, etc.) : _____

PLEASE SELECT SHIRT SIZE

YS YM YL AS AM AL AXL