



# Cheetah Champions Camp



**Cheetah strong all year long...STRONGER THAN EVER!**

**Who?** 1st through 6th graders as of Fall 2024 (open to all Keller ISD students)

**When?** June 3 - June 6 from 9:00 to 11:30 AM

**Where?** Park Glen Elementary Gym

**Cost?** \$95 per student (extra sibling \$85 per) Cost includes a camp shirt attached in the registration form.

**COMBO CAMP OFFER:** Want to go to both PE and theatre camp the week of June 3rd? We are offering a discount if you attend both camps! If you'd like to attend both it will cost only \$195 for both camps (additional siblings are only \$185). You will attend PE camp in the morning, eat lunch with Coach Spratt and Mrs. Hall, then jump right into theatre camp in the afternoon. The combo camp runs from 9 AM- 3 PM that week.

Scooters, parachutes, dodgeball, water balloons and other gym games packed into the week's schedule. Be sure to wear comfortable clothes and tennis shoes. We strongly suggest all students bring a marked water bottle. If you'd like to bring an easy snack, campers will have an opportunity to eat this during the morning. Look for an additional email 5 days prior to camp with camp details and special information.

Registration forms are due to Coach Spratt by Monday, May 6, 2024 to guarantee selected shirt size. I will email confirmation to you once I receive it. Cash or checks are accepted. **MAKE CHECKS PAYABLE TO CHEETAH CHAMPIONS.** Extra and/or late registrations will be accepted if there is space available. If you have questions or concerns, please email Travis Spratt at [travis.spratt@kellerisd.net](mailto:travis.spratt@kellerisd.net)

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## REGISTRATION FORM

**Student Name:** \_\_\_\_\_ **Incoming Grade** (Fall 2024): \_\_\_\_\_

**Shirt Size:(circle one)**    **YS**    **YM**    **YL**    **AS**    **AM**    **AL**    **AXL**

I hereby authorize the Cheetah Champions Camp staff to act for me, according to their best judgment in any medical emergency and hereby waive and release said camp as well as KISD from any and all liability and or illness incurred to my son/daughter while attending camp.

Also, in the event that a child acts in a way that prevents the campers or camp administrators from safely enjoying our activities, the camper may be asked to not return to camp and no refund will be given. Thank you for understanding the importance of safety to all campers/camp administrators.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Phone #:** ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

**Medical Concerns:** \_\_\_\_\_