

Sacred Heart Catholic School Mini-Twirling Camp

Christmas in July

Tuesday, July 15 - Thursday, July 17, 2025

9:00 a.m. - 12:00 noon

Sacred Heart Gymnasium

REGISTRATION FORM



Child's name: _____ Grade (2025-2026 school year): _____ Age: _____

_____ Mini-Camp 9:00 a.m. - 12:00 noon \$40.00

_____ Supervision 8:00 a.m. - 9:00 a.m. (duration of camp) \$10.00

_____ Camp T-shirt (Size): _____ (included in registration fee) _____

Baton (Length): _____ \$25.00

Total: \$ _____

****In order to get an accurate measure of your child's arm, hold the arm out to the side and place a yardstick in the pit of their arm. Then measure to the tip of their longest finger.****

Parent/ Guardian Name: _____

Parent/ Guardian Phone Number: _____

Parent/ Guardian Email Address: _____

Please turn in by **June 16th, 2025** in order to guarantee a T-shirt and Baton for camp:

Sacred Heart Indian Twirlers

313 South Texana Street

Hallettsville Tx, 77964

maria2001chapa@gmail.com (361) 401-0485 ~ Maria Chapa

AUTHORIZATION FOR OBTAINING EMERGENCY MEDICAL CARE AND RELEASE OF RESPONSIBILITY

I hereby authorize SACRED HEART CATHOLIC SCHOOL, and it's appropriate designees to seek and obtain emergency medical attention for my child _____, in the event such attention is seemed to be required by the Sacred Heart Catholic School or its designee and where the delay or obtaining our/my specific consent might cause death, long term disability or my child to unreasonable pain or suffering. I further release SACRED HEART CATHOLIC SCHOOL, its ownership and designee and any institution or physicians for responsibility while all are acting in good faith in overseeing the welfare of my child. A photocopy of this authorization may be considered valid as the original.

Parent/Guardian Signature: _____ Date: _____