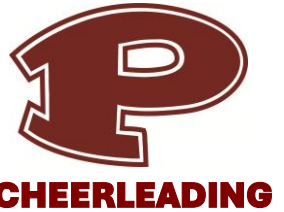


2025 PEARLAND HIGH SCHOOL SPIRIT CAMP



Date: Tuesday, June 24, 2025 through Thursday, June 26, 2025

Ages: Camp is for 4-year old's through 8th graders. Both boys & girls are welcome!
(Please note your child's age below for camp time)

Time: 8:30 am to 10:00 am – **Session I: 4 years old – 2nd graders**
10:00 am to 12:00 pm – **Session II: Incoming 3rd – 5th graders**
1:00 pm to 3:00 pm – **Session III: Incoming 6th – 8th graders**

Where: PHS Searcy Competition Gymnasiums

Cost: \$125.00 – Now through June 1, 2025
\$150.00 – Late Registration June 2, 2025 or after

*** Zelle and Venmo information below. Cash only at the door. ***



**SCAN QR CODE
ABOVE TO REGISTER
ONLINE**

During camp, campers work on cheer fundamentals and techniques. The goal is to develop a solid foundation in game day cheerleading so that the camper can become a better cheerleader. Campers will receive instruction in motion technique, jumps, and crowd leading. Campers will need to wear athletic clothes and tennis shoes. Bring water. (No other outside food will be allowed inside gym).

For more information contact Coach Strother at strotherw@pearlandisd.org or call 512-698-9455.

Please make sure to register before June 1st to guarantee shirt size.

*** **

2025 Pearland Oiler Spirit Camp Registration Form **PLEASE USE QR CODE ABOVE TO REGISTER**

Name _____

Address _____ City _____

Age/Grade _____ Shirt size (Circle one): Adult S M L XL XXL Youth S M L

Parents name: _____ Cell Phone: _____

Email: _____

Family Doctor: _____ Doctor Office Phone: _____

Select a session: _____ **Session I: 4 years old – 2nd graders**
_____ **Session II: Incoming 3rd – 5th graders**
_____ **Session III: Incoming 6th – 8th graders**

Payment Method: _____ **Zelle (William Strother: 512-698-9455)** _____ **Venmo - @Will-Strother-Jr**

****** Please make sure Camper's full name is in the memo of payment ******

I, as a parent or guardian, hereby give permission for my child to participate in the Pearland Spirit Camp and acknowledge the fact that he/she is physically able to participate in camp activities. I hereby authorize the camp staff to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I may be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my son/daughter. I hereby waive any claim I might have against the camp, director, or the institutions providing the facilities.

Date

Parent Name (Print)

Parent's Signature

This athletic camp follows the guidelines set forth by Pearland ISD and the UIL