



# Colorguard Camp

When: June 5 - June 9 (Monday thru Friday)

Time: 8am - 4pm

Where: AHS Cafeteria

Cost: \$130 (includes \*meal & camp t-shirt)  
Checks payable to Aledo HS Band  
Payment due first day of camp

Eligible Participants: 6th - 12th grade (2017-18)

Registrations: April 25<sup>th</sup> - May 30<sup>th</sup>

The purpose of the Colorguard Camp is to introduce new and interested individuals into Aledo's award-winning colorguard teams. The participants get to work closely with our HS colorguard team and design staff. They will learn the fundamentals of flag, rifle, movement, and dance including lyrical, hip hop, and jazz.

This is a great way for middle schoolers to get a head-start on becoming part of the Cadets of Parker County winterguard (Nov - Mar) team which will segue into becoming a member of the award-winning HS colorguard team.

Colorguard is a wonderful organization to participate in if you love to dance, act, and perform all while building lasting friendships.

In HS, colorguard counts as a ½ Fine Arts & ½ PE credit.

\*We will accommodate vegetarians, gluten free, and allergies. Email Jenny McBrayer at [mcbrayerj@ymail.com](mailto:mcbrayerj@ymail.com) by May 30<sup>th</sup>, if your child needs a vegetarian meal plan, gluten free meal, or has certain food allergies.



# Colorguard Camp Registration

AttendeeName: \_\_\_\_\_ Grade (2017-18): \_\_\_\_\_

Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

T-shirt Size (circle one):    AXS        AS        AM        AL        AXL

Registration and check-in will be held Monday, June 5th at 7:30am in the AHS Cafeteria. Pre-registration is encourage for meal planning and t-shirt ordering.

*Email completed application to Mr. Marquez at [marquezamj@sbcglobal.net](mailto:marquezamj@sbcglobal.net). Completed forms due by Tuesday, May 30.*

*\$130 payment due first day of camp. Checks payable to AledoHS Band.*

**Parent Release**

I, the parent or guardian of \_\_\_\_\_, hereby grant permission for my child to participate in Colorguard June Camp. I acknowledge the fact that he/she is physically able to participate in camp activities. I authorize the director of the camp to act for me in an emergency requiring medical attention and acknowledge that I, as parent, will be responsible for any cost incurred due to illness or injury of my child. I hereby release the camp, AHS Colorguard, and AledoISD from all claims due to injury or illness which may be sustained by my child.

Parent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_