

THE HAUS OF OH!
GET GAME DAY READY WITH US!

GAME DAY HIGH SCHOOL SPIRIT CAMP UNIVERSITY

JULY 25-26, 2026

EL PASO, TX

HOSTED @ HANKS HIGH SCHOOL

CUSTOMIZED FOR SCHOOL SPIRIT PROGRAMS
(DANCE, CHEER, & MASCOT)

THE KING OF PRO - OSCAR "BIG O" ORTEGA-HERNANDEZ
& MATEO ORTEGA-HERNANDEZ
+ THEIR TEAM OF INDUSTRY PROS FROM THE NFL, NBA, & MORE!

OUR VALUE

- OVER 50+ COMBINED YEARS OF COLLEGE & PRO LEVEL GAME DAY EXPERIENCE IN DANCE & CHEER
- BRAND-NEW, CUSTOMIZED GAME DAY & PERFORMANCE MATERIAL THAT REFLECTS YOUR TEAM'S IDENTITY
- CROWD & FAN ENGAGEMENT STRATEGIES & SKILLS
- CUSTOM GAME DAY ROUTINES
- CAMP T-SHIRT & AWARDS

2-DAY CAMP PRICING

\$250 PER ATHLETE
STANDARD

\$199 PER ATHLETE
EARLY BIRD*

(*REGISTER & PAY 50% DEPOSIT BY 6/25/26 TO SECURE THIS RATE)

HOW IT WORKS

- REGISTER YOUR TEAM
- ATTEND CAMP WITH YOUR TEAM + PROPS & LEARN NEW, CUSTOM MATERIAL THAT REFLECTS YOUR TEAM'S STRENGTHS & BRAND
- LEAVE TRANSFORMED WITH NEW CUSTOMIZED CHOREOGRAPHY, MUSIC, & MATERIAL.

FOR TEAMS BRINGING LESS THAN 12 ATHLETES:

\$375 - STANDARD
\$325 - EARLY BIRD

(MIN. OF 6 ATHLETES)

TO REGISTER, CONTACT THEHAUSOFOH@GMAIL.COM

THE HAUS OF OH

MULTI-TEAM GAME DAY CAMP TEAM REGISTRATION FORM

(1 Registration Form per Team. 1 Waiver Form per athlete.)

⚠ IMPORTANT REGISTRATION REQUIREMENTS ⚠

Coaches must bring a signed **Participant Waiver and Release Form** for each coach and athlete attending camp along with a **Team Roster** with full names and DOB for each team member and coach.

No participant will be allowed to participate without a completed waiver on file.

Waiver forms are available for download at: thehausofoh.com

SCHOOL/ORGANIZATION INFORMATION

School/Organization Name:	
Team Name:	
School Address:	
City, State, ZIP:	

HEAD COACH INFORMATION

Coach Name:	
Email:	
Cell Phone:	
Alternate Phone:	

CAMP SELECTION

Camp Location:	El Paso, TX
Team Type: (cheer, dance, etc.)	
Number of Participants:	
Number of Coaches (max 3):	

REGISTRATION & PAYMENT

Registration Fee:	<input type="checkbox"/> Standard (\$250/person) - 12+ team members <input type="checkbox"/> Standard (\$375/person) - Less than 12 team members (min. 6) <input type="checkbox"/> Early Bird (\$199/person) - 12+ team members <input type="checkbox"/> Early Bird (\$325/person) - Less than 12 team members (min. 6) <input type="checkbox"/> Host School Rate - min. of 80% of team (no less than 12)
Total Amount Due:	\$ _____ (including \$50 for each coach - max of 3) # of participating athletes: _____ # of attending coaches (max 3): _____ EARLY BIRD DEADLINE: 6/25/26 DEADLINE FOR FULL/FINAL PAYMENT: 7/15/26
Payment Method:	<input type="checkbox"/> Square Invoice <input type="checkbox"/> Zelle <input type="checkbox"/> Venmo <input type="checkbox"/> Business Check
Deposit:	A 50% non-refundable deposit is due with registration to secure the early-bird rate (by 6/25/26) .

COACH ACKNOWLEDGMENTS

By signing below, I acknowledge and agree to the following:

- I will provide a completed and signed **Participant Waiver and Release Form** for each athlete and coach attending camp
- I understand no participant will be allowed to participate without a signed waiver
- I understand the camp curriculum focuses on game day performance material
- I have reviewed and agree to THOH cancellation and refund policies. Deposits are non-refundable.

Head Coach Signature: _____ Printed Name: _____ Date: _____

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Email: thehausofoh@gmail.com | Phone: (575) 640-5626
www.thehausofoh.com

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PARTICIPANT WAIVER & RELEASE

⚠ PLEASE READ CAREFULLY BEFORE SIGNING ⚠

This is a legal document. Please read carefully & ask questions if you do not understand any part of this document.

PARTICIPANT INFORMATION

Full Name:	
Date of Birth:	____/____/____ Age: _____ <input type="checkbox"/> Minor (under 18) <input type="checkbox"/> Adult (18+)
Address:	
City, State, ZIP:	
Email:	
Phone:	
School/Team:	

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name:	
Relationship:	
Primary Phone:	
Alternate Phone:	

MEDICAL & INSURANCE INFORMATION

Insurance Information

Insurance Provider:	
Policy Number:	
Group Number:	
Policy Holder Name:	

Medical History & Physical Limitations

Please list any medical conditions, allergies, injuries, or physical limitations we should be aware of:

Current medications:

Participant has NO known medical conditions, allergies, or physical limitations

ASSUMPTION OF RISK

I understand and acknowledge that:

1. Participation in The Haus of OH Camps & Clinics involves physical activities, including but not limited to: dance, cheerleading, stunting, tumbling, jumps, kicks, choreography execution, crowd chants, and other athletic movements.
2. These activities carry inherent risks, including, but not limited to: muscle strains, sprains, broken bones, concussions, heat-related illness, and other injuries that may result from physical exertion, falls, collisions with other participants, or contact with equipment.
3. Despite safety precautions taken by instructors and staff, injuries can and do occur in dance and cheerleading activities.
4. I am voluntarily participating in this camp with full knowledge of the risks involved.
5. I certify that I am (or the minor participant is) in good physical condition and have no medical conditions that would prevent safe participation in camp activities, except as noted in the medical information section above.

RELEASE OF LIABILITY

In consideration of being permitted to participate in The Haus of OH Pro-Style Game Day Camp, I hereby:

1. **RELEASE, WAIVE, AND DISCHARGE** The Haus of OH, Oscar Ortega-Hernandez, Mateo Ortega-Hernandez, their employees, agents, volunteers, and representatives (collectively "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by the participant while participating in camp activities or while on the premises where camp is conducted.
2. **AGREE NOT TO SUE** the Released Parties for any claims or causes of action arising from participation in camp activities.
3. **INDEMNIFY AND HOLD HARMLESS** the Released Parties from any loss, liability, damage, or costs that may be incurred due to my participation in camp activities, whether caused by negligence of the Released Parties or otherwise.

MEDICAL TREATMENT AUTHORIZATION

In the event of an emergency, I authorize The Haus of OH staff to:

- Contact emergency medical services (911)
- Provide basic first aid as trained
- Transport participant to the nearest medical facility for treatment
- Make medical decisions on behalf of the participant if I cannot be reached

I understand that I am responsible for any medical expenses incurred as a result of injury or illness during camp. The team's coach(es) will be the primary person to contact medical services, provide first aid (as trained), transport (if necessary), and make medical decisions on behalf of the participant if the noted legal guardian(s) are not able to be reached.

PHOTO & VIDEO RELEASE

I grant The Haus of OH permission to use photographs, video footage, and other media of the participant taken during camp for promotional purposes, including but not limited to: website, social media, marketing materials, and promotional videos. I understand that no compensation will be provided for such use.

- I DO grant permission for photos/videos
- I DO NOT grant permission for photos/videos

HEALTH & SAFETY ACKNOWLEDGMENT

I acknowledge that:

- I will not attend camp if the participant is experiencing symptoms of illness (fever, cough, shortness of breath, etc.)
- I will follow all health and safety protocols established by The Haus of OH and the host facility, my district, my school, NHSA, and any other relevant dance/cheer rules that are applicable.
- I understand that camp activities involve close physical proximity to other participants
- No refunds will be provided for absence due to illness

CODE OF CONDUCT

I agree to:

- Treat instructors, staff, and other participants with respect
- Follow all instructions from camp staff
- Refrain from bullying, harassment, or inappropriate behavior
- Understand that violation of this code of conduct may result in dismissal from camp without refund

SIGNATURES

I have read this entire document. I understand that by signing below, I am giving up legal rights and remedies. I sign voluntarily and with full knowledge of its significance.

FOR PARTICIPANTS UNDER 18 YEARS OF AGE

Parent/Guardian Signature: _____
Printed Name: _____
Relationship to Participant: _____
Date: _____

PARTICIPANT SIGNATURE (required for all participants, regardless of age)

Participant Signature: _____
Printed Name: _____
Date: _____