

# **SHS Cheerleader Mini Camp**

Hosted by the SHS Cheerleader Boosters

**September 9, 2017**

## **Cheer Mini Camp —Grades K-6th**

**TIME:** 9 a.m. – 12 p.m. Sign-in begins at 8:30 a.m.

Camp begins promptly at 9 a.m.

**WHERE:** Starkville High School Gymnasium

**COST:** \$30

**WHAT:** Great opportunity for an introduction to cheerleading!

### **CAMPERS WILL:**

- **Learn a chant, cheer, and dance.**
- **Meet the SHS cheerleaders and Buzz!**
- **Be provided bottled water, snacks and popsicles.**
- **Receive a free ticket to the high school football game on September 15<sup>th</sup>.**
- **Receive a Mini-Camp t-shirt!**
- **Perform for family and friends at halftime of SHS football game on September 15<sup>th</sup>.**
- **Be taught by current SHS Cheerleaders and supervised by current program coaches and parents.**



**To REGISTER:** Please fill out the registration form on the back and return to your child's school office by **September 1<sup>st</sup>** with a payment of \$30 per participant. Make checks payable to SHS Cheer Boosters.

\*\*\*Please wear athletic shoes and clothing. Hair must be pulled back and off the shoulders. For safety purposes no jewelry or gum is permitted. If you have any questions please feel free to contact Hope Dumas at [lawkat53@hotmail.com](mailto:lawkat53@hotmail.com).

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## Registration Form

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Email: \_\_\_\_\_

**Shirt Size: Youth: S M L XL or Adult: S M L XL (Circle One)**

***Please return this completed and signed form to your child's school office. Please include your registration fee of \$30 payable to SHS Cheer Booster.***

### SHS Cheerleading Mini Camp Medical and Liability Release:

\_\_\_\_\_ elects to take part in the SHS Cheerleading event, which is sponsored by the SHS Cheerleading squad. I/We understand that our son/daughter is required to be in good physical shape and condition and that the activities, which he/she will be asked and expected to participate in, are strenuous and require physical and athletic agility. I/We understand that cheerleading is an activity in which the risk of injury is high; that any one of the routines involving our son/daughter's participation in cheerleading activities in general could lead to serious injury, including partial or total paralysis, even death. I/We have also discussed this with our child and among ourselves. Despite this understanding of the possibility of serious or catastrophic injury or death and the risks involved, we still consent to the participation in this activity by our son/daughter. I/We represent to that, to the best of our knowledge and belief, our son/daughter has no physical, medical, or mental disability or other limitation that would restrict his/her ability to fully participate in this activity.

I/We agree to, and by the signing of the agreement, release the coaches, volunteers, staff of Starkville High School, and the Board of Education from any claim of negligence by ourselves, our son/daughter, our heirs, executors and assigns, from any liability arising from claims for damages for injury to our son/daughter and any claims for loss or damage to his/her property which may arise out of his/her participation in the Starkville High School Cheerleading Mini Camp on September 9, 2017.

I/We further acknowledge that the above individual is covered by health insurance the particulars of which are described below. I hereby agree that we are responsible for any required medical treatment, and give permission for my child to receive medical treatment in the event that I am unable to be contacted. In order that participant may receive necessary treatments, I hereby hold Starkville High School and their Cheerleaders, and coaches harmless in the exercise of this authority.

Name of Participant: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ alt: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Address of Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

State any pre-existing conditions, allergies, medications, etc.: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_