

Opportunity for You to Learn

Cheers ~ Chants ~ Dance

From North Allegheny High School Cheerleaders

FALL MICRO MINI CAMP

CAMP: WEDNESDAY, SEPTEMBER 20th & 23rd

WHERE: CMS Gym & Newman Stadium

TIME: 4:30 pm to 6:30 pm

WHO: Students in grades K thru 6

PERFORMANCE: Half-Time Show of JV Football Game on Saturday, September 23rd at Newman Stadium. The game starts at 10:00am. Parents/audience will be required to purchase football tickets to watch performance and game.

CAMP COST: \$35 (includes Official Micro Mini Camp T-Shirt)

Complete registrations (registration form, waiver and payment) must be received 7 days prior to event to guarantee t-shirt and sizes.

By mail: NA Cheer Boosters

c/o Richele Ward 763 Olive St.,

Pittsburgh, PA 15237



Questions? Please contact: nacheerminicamp@gmail.com

This program/event/organization is not sponsored or sanctioned by the NA School District.



NA Cheerleaders 2017 Micro Camp Application

I would like to participate in the Fall Micro Mini Cheer Camp

I attend	_School	E-mail Address:	<u> </u>
Cheerleader's Last Name	First Na	me	Nickname
Address	City	Zip Code	Phone (Home)
Date of Birth (Month/Day/Year) Place me with one friend:	· ·	,	Emergency Cell Phone
All orders must be received seven (7) of	•	2) L(14-16) or Adul days before sched	
T-shirt size. Father's Name			
COST PER CAMPER: \$35 /		(Amo	ount paid and check number.)
In order to participate in the Camp, the Med the reverse side must be completed and sign		se on this page as w	ell as the "Release and Waiver" on
ME Allergies or Medical History		UTHORIZATION uld be made aware	(include Medications)
To whom it may concern: If neither parent of representatives of the NA Cheerleading Bostora minor child for opinion of the representatives, such emerge when my child is engaged in the camp activities representatives harmless for exercising it representatives are specifically authorized to my behalf.	osters As or whom I ency med vity. I here its judgme	sociation to act as my am responsible, at thical treatment is deer beby agree to hold the ent in authorizing suc	y agent to secure medical treatment ne nearest hospital, when in the med appropriate during the time NA Cheerleading Association and h emergency treatment and said
Parent/Guardian Signature Family Physician			Date Number

Mail to: NA Cheer Boosters, c/o Richele Ward, 763 Olive St., Pittsburgh, PA 15237

Refunds with may be given on an individual basis minus cost incurred.

NA CHEERLEADING BOOSTERS ASSOCIATION, INC.

A 501(c)(3) tax exempt non-profit organization

RELEASE AND WAIVER OF LIABILITY FOR MINORS & ADULTS

PERMISSION BY PARENT/GUARDIAN & Photographic Release

READ CAREFULLY-THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS

Event Participation (Please check appropriate blocks)

Fall Micro Mini Camp, September 20 & 23, 2017

Release and waiver-I, the undersigned camper and/or parent/guardian of camper, do hereby agree to release, discharge, forever hold harmless, and indemnify NA Cheerleading Boosters Association, Inc. ("the organization"), its officers, directors, board members, employees and agents from and for any liability for any and all conduct, whether intentional or unintentional, and whether negligent or otherwise, that results in damages or injury of whatever kind, including damages as a result of personal injury, bodily harm, death, and property damage, and including but not limited to damages resulting from the use of first aid, treatment or service to an injured volunteer, and the conduct of other volunteers and/or third parties. I recognize that camper is being provided with the opportunity to engage in skills camp activity for my community and for the non-profit organization, as well as other good and valuable consideration, in exchange for this release and waiver of liability. This release and waiver is intended to be construed as broadly as possible. If one provision is found unenforceable the remaining provisions remain in full force and effect.

Assumption of Risk-Camper understands and assumes the risk of potential injury from engaging in camp activity, including but not limited to the risk of injury, bodily harm, illness or death, that may or may not be inherent in the work performed for the organization. The camper may be exposed to harm from physical labor, dangerous conditions, whether inherent to the activity or not, or other circumstances that may result in injury. The organization does not maintain or carry health insurance for its campers. The organization does not assume any financial liability, responsibility, or obligation for or to provide assistance with expenses, damages, injury, medical payments, health payments or disability payments.

Photographic Release-Camper and/or parent/guardian do hereby consent that camper's photograph may be taken or their image may be digitally or otherwise recorded while engaging in camp activities and do hereby grant and convey to organization all the right, title and interest of any images so made on authorization by the organization, including the right to any royalties, proceeds or other benefits of such photograph or recorded image.

Executed thisday of	, 2017, acknowledging my agreement and understanding:
Camper Name	
Parent/Guardian Name (Required for Camp	er under 18)
Camper Signature	
Parent/Guardian Signature (Volunteer under	18)

My signature also indicates permission to engage in event and/or camp activity