

Opportunity for You to Learn

Cheers ~ **Chants** ~ **Dance**

From North Allegheny High School Cheerleaders

WINTER MICRO MINI CAMP

CAMP: FRIDAY, JANUARY 12, 2018

WHERE: NASH CAFETERIA & GYM

TIME: 5:30 pm to 8:00 pm (approximately)

WHO: Students in grades K thru 6

PERFORMANCE: Half-Time Show of Varsity Basketball game that evening which starts at 8:00 pm vs. Seneca Valley Parents/audience will be required to purchase basketball 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 10 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

SAVE THE DATE Summer Mini Camp June 18-22, 2018 Questions? Please contact: nacheerminicamp@gmail.com



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

NA Cheerleaders 2018 Micro Camp Application

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

| I attend | School | E-mail Address: _ | |
|--|---|---|--|
| 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 |
| Circle T-Shirt Size: Child S(| 6-8) M(10-12 | 2) L(14-16) or Adu | It S M L XL |
| All orders must be received ten (10 |)) calendar d | ays before schedu | led camp in order to guarantee |
| T-shirt size. | | | |
| Father's Name | I | Nother's Name | |
| COST PER CAMPER: \$35 /_ | | (Am | nount paid and check number.) |
| | | PARTICIPATION | |
| In order to participate in the Camp, the the reverse side must be completed ar | | se on this page as v | vell as the "Release and Waiver" on |
| | MEDICAL A | UTHORIZATION | |
| Allergies or Medical His | tory we shou | IId be made aware | e (include Medications) |
| To whom it may concern: If neither par representatives of the NA Cheerleading fora minor ch opinion of the representatives, such en when my child is engaged in the camp its representatives harmless for exercis representatives are specifically authori my behalf. | g Boosters Ass nild for whom I nergency medi activity. I here sing its judgme | sociation to act as m am responsible, at t ical treatment is dee aby agree to hold the ent in authorizing suc | by agent to secure medical treatment the nearest hospital, when in the smed appropriate during the time the NA Cheerleading Association and the emergency treatment and said |
| Parent/Guardian Signature | | | _Date |
| Family Physician | | | e 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)

Winter Micro Mini Camp, January 12, 2018

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 this | day of | , 2017(8), acknowledging my agreement and understanding: |
|---------------|--------|--|
| | | |

Camper Name

Parent/Guardian Name (Required for Camper under 18)_____ Camper Signature_____

Parent/Guardian Signature (Volunteer under 18)_____

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