

2019 Cheer Mini Camp

Opportunity for You to Learn

Cheers ~ Chants ~ Dance

From North Allegheny High School Cheerleaders

When: Monday, June 10 thru Friday, June 14, 2019
Where: NAI (North Allegheny Intermediate)
Time: 9:30 AM – 12:00 PM
Who: Girls entering K thru 8
Cost: \$100.00 (includes Camp T-shirt) Additional siblings are \$90.00 each

Complete registrations (registration form, payment and waiver) must be received by May 24th to guarantee t-shirt, shorts and desired sizes.

**Coordinating shorts available for advance purchase: \$14.00 each.
New design this year with a white paw print on front!**

The shorts can all be purchased with your registration. Please add the amount to your registration check. Thank you.

Make checks payable to: NA Cheer Boosters Association

By mail: NA Cheer Boosters
c/o Tina Norman
9202 Collington Square
Allison Park, PA 15101

For questions contact: northalleghenycheercamp@gmail.com

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

NA Cheerleaders 2019 Mini Camp Application

Attend _____ School _____ E-mail Address: _____

Cheerleader's Last Name _____ First Name _____ Nickname _____

Address _____ City _____ Zip Code _____ Phone (Home) _____

Date of Birth (Month/Day/Year) _____ Age _____ Grade (2019/20) _____ Emergency Cell Phone _____

Place me with one friend: _____

Circle T-Shirt Size: Child **S(6-8)** **M(10-12)** **L(14-16)** or Adult **S** **M** **L** **XL**

Circle Short Size (only if ordering—additional \$14) Youth **S** **M** **L** Adult **S** **M** **L** **XL**

All orders must be received by May 24th in order to guarantee T-shirt size.

Father's Name _____ Mother's Name _____

COST PER CAMPER: \$100 for first family member and \$90 for each additional

_____ (Amount paid and check number.)

MINI CAMP PARTICIPATION

In order to participate in the Camp, the Medical release on this page as well as the "Release and Waiver" on the reverse side must be completed and signed.

MEDICAL AUTHORIZATION

Allergies or Medical History we should be made aware (include Medications)

To whom it may concern: If neither parent can be contacted in the case of injury or illness, I hereby authorize representatives of the NA Cheerleading Boosters Association to act as my agent to secure medical treatment for _____ a minor child for whom I am responsible, at the nearest hospital, when in the opinion of the representatives, such emergency medical treatment is deemed appropriate during the time when my child is engaged in the camp activity. I hereby agree to hold the NA Cheerleading Association and its representatives harmless for exercising its judgment in authorizing such emergency treatment and said representatives are specifically authorized to sign any required medical emergency hospital treatment form on my behalf.

Parent/Guardian Signature _____ Date _____

Family Physician _____ Phone Number _____

Mail to: NA Cheer Boosters, c/o Tina Norman
9202 Collington Square, Allison Park, PA 15101

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: NA Cheer Mini Camp (June 10-14, 2019)

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 _____, 2019, 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