

2013 SHS Youth Cheer Camp Registration Form

Clinic Date & Time: February 2, 2013 9:00am-12:00pm. Check-in begins at 8:30am.

Location: Springfield High School annex & gymnasium.

Cost: \$25.00 non-refundable. Checks should be made to SHS Cheerleading with your participant's name in the memo.

What to wear: t-shirt, shorts or pants (no jeans), tennis shoes & socks. Hair should be pulled back.

Participants will receive a t-shirt at the clinic. The t-shirts are to be worn during the participants' performances that evening at the home basketball game.

Please contact Coach Nora Povse with your child's registration information as soon as possible! If registration occurs after January 29, 2013 your child will NOT be guaranteed a clinic t-shirt. Thank you!

Mail to:

Attn: Nora Povse
Springfield High School
101 S. Lewis Street
Springfield, IL
62704

Participant's Name: _____ Age: _____

Grade: _____ Cheerleading experience: _____

Address: _____ City, State: _____

Zip: _____ Food allergies: _____

Did child attend last year's clinic? yes or no

T-shirt size: Please circle one:

Youth Small =6-8

Youth Medium = 10-12

Youth Large = 14-16

Adult Small

Adult Medium

Adult Large

Adult XL

Adult XXL

Parent's Name: _____

Cell Phone #: _____ Home Phone #: _____

Insurance Company: _____ Policy #: _____

Emergency Contact: _____

Cell Phone #: _____ Home Phone #: _____

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TURN PAGE FOR RELEASE OF LIABILITY INFORMATION:

Release of Liability

I understand by the very nature of the activity, cheerleading carries a risk of potential injury. No matter how careful the child, SHS Cheerleaders and coaches are, I understand that there is a risk of injury. The risk includes minor injuries such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falling on the back, head or neck. The undersigned agrees, individually and on behalf of the child, that the child, by and through the undersigned or any other person, will not institute or commence any action at law or equity for any damage of any kind that may be sustained by the child as a result of participation in the program. The undersigned further agrees, individually and on behalf of the child, to release, indemnify and hold harmless the organization, its successors, members, directors, officers, coaches, sponsors and volunteers from any claims, demands or actions at law or equity that may subsequently be brought by or on behalf of the child to recover for injuries or damages, including claims for contribution or indemnification made by third parties, arising out of injuries resulting from participation in the program.

I understand that if my child is not following the rules (i.e. Staying with the group, getting along with others, listening to directions, etc.) I will be expected to pick up my child without a refund.

The above cheerleader has my permission to participate in the SHS Cheerleading Youth Camp.

Signature of Parent or Legal Guardian

Date:

Coach's contact information:

Coach Nora Povse

(217) 525-3100 ext. 160

Npovse@sps186.org