

Lynnwood High School Mini Cheer Camp Fall 2018

Hosted by the Lynnwood High School Cheer Squad

When: Sunday October 21st, 2018, 10 a.m. – 1 p.m. **Where:** Lynnwood High School Gym **Why:** Learn cheers, dances, stunts, and have fun! **Ages:** K-8th grade **Cost:** \$35.00 per mini cheerleader or 2 for \$60.00 (must be relatives)

(Deadline for registration w/t-shirt is October 12th - day of is \$35 at door without t-shirt)

Participation in the cheer camp will include t-shirt (with pre-registration), pom poms, and joining the Royals Cheer Squad for a half-time performance at the Royals football game on October 26th, time TBA (parents/family will still need to pay entrance fee).

*Bows **(+\$5 per participant)** will also be available for purchase via pre order and during the camp while supplies last.

To participate, simply fill out this form and the Assumption of Risk release, attach payment, and return to Lynnwood High School, C/O Cheer - Amber Torres, 18218 North Road, Bothell, WA 98012. You may mail in form and payment, but it must be received by October 12th to ensure t-shirt. You may also pay directly via cash, card, or check, at the LHS ASB office. All checks must be payable to Edmonds School District. A confirmation email will be sent to all those who have registered by October 15th.

If you have any questions, or would like to check the status of your registration, please contact:

Coach Amber Torres @ 425-599-0234 or lynnwoodroyalscheer@gmail.com

| Child's Name: | | | Ag | e: | _ Grac | de: | | | |
|---------------------|---------------|------------|--------|---------|--------|----------|--------------|--|--|
| Address: | | | | | | | | | |
| Parent Name: | ent Name: | | | | | Phone # | | | |
| Parent Email (For g | jame update | s & link t | o phot | os/vide | eos) | | | | |
| Cheerleader Refer | ral (Optional |): | | | | | _ | | |
| Shirt Size: | YXS, YS, | YM, | YL, | AS, | AM, | AL | (Circle one) | | |
| 0 | ptional Bow | (+\$5): | Υe | es No | o (C | Circle C |)ne) | | |

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the Fall 2018 Lynnwood Mini Cheer Camp, I hereby acknowledge that I have read, understood, and agree to the following:

| 1. | I acknowledge that the sport of cheerleading entails many risks of injury, even when played in an instructional These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, t aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, generabeing. | complete or partial tendons, and other |
|--------|---|--|
| | (Parent initial): | |
| 2. | I further certify that my child has no medical or physical conditions which could interfere with his/her safety in else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by a | |
| | (Parent initial): | |
| | Medical Information | |
| The fo | following special health concerns should be noted: | |
| In the | ne event of an emergency, I wish the following person to be notified in case I cannot be contacted: | |
| | Phone: | |
| | Medical Release | |
| | ne event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian in vever, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed. | |
| Name | ne of Preferred DoctorPhone: | |
| | Medical Insurance | |
| Edmo | derstand that I am assuming financial responsibility for medical expenses that may arise from my child's participnonds School District requires but does not provide medical insurance for my child. I certify that my child have a under the following plan: | |
| Health | alth Insurance Carrier: | |
| Plan N | n Number (required): | |
| | participants are required to have medical or student accident insurance. Student accident insurance is ava rr school. Contact your school's main office, head coach, or school athletic trainer for information. | ailable through |
| Althou | ough I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I ar | m fully aware of |
| the sp | special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully | aware of the |
| risks, | s, I hereby give permission for | |
| | who attends to | |
| (Stude | | |
| | | |
| | sipate in the Lynnwood Mini Cheer Camp, October 21 st , 2018 and the game on October 26 th , 2018 for the purpose icing fundamental cheer skills in order to enhance skill and performance level, and have fun! | of |
| Paren | ent/Guardian Signature Date: | |