

Hurry and Register- Space is Limited
Return in sealed envelope to Double D's, labeled:
Mini Cheer Camp – Attn: Cheer Coach
Due: July 2, 2023

Kalama Fair MINI CHEER CAMP

Registration Form

**July 10, 11 & 12 5pm to 7pm (practice at fair grounds) &
July 15, parade @ 11 (Downtown) and performance @ 1:00
(Stage @ Fairgrounds)**

Please fill out this form completely and return it in with your check or money order in the amount of \$40 no later than **July 2, 2023** to guarantee a T-shirt.

Please make checks payable to Kalama Cheer Boosters.

PLEASE PRINT ALL INFORMATION:

If you are registering more than one camper, please use separate registration forms.

Camper's Last Name: _____ First Name: _____ MI: _____

Age: _____ **Grade:** _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Other Phone: _____

Alternate Contact Information (In case of emergency and parent cannot be reached.)

1st Alternate Contact Person's Name _____ Cell

Phone _____

Phone _____ 2nd Phone number: _____

2nd Alternate Person's Name _____ Cell

Phone _____

Phone: _____ 2nd Phone number: _____

T-Shirt Size (Please circle your child's size):

Youth Sm (6-8) Y Med (10-12) Y Lg (14-16)

Adult Sm Adult Med Adult Lg

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Liability Waiver

I understand that my child, (_____) will be participating in the Kalama Fair Mini Cheer Camp on July 10,11,12 & 15 2023. Since this is a voluntary program, I will not hold the Kalama School District, Kalama Fair, volunteers, staff members, or cheer team members liable for any accidental injury, which may occur. In case of a medical emergency, I give consent for my child to be treated at the nearest emergency room.

Please list any allergies or health concerns we should be made aware of for your child, and any required special medications or treatments: _____

Is there anything else we should know about your child? _____

Parent/Guardian, please check the appropriate box. Fill in the insurance information.

Student has current insurance coverage ☐

Student does not have current insurance coverage ☐

Insurance Company: _____

Group # _____ ID# _____

The staff will take every necessary precaution to make these events safe and enjoyable. In case of accident or illness, I request the Coach contact me at the number(s) listed. If they are unable to reach me, I hereby authorize the Coach to take whatever action(s) they deem necessary.

Parent/Guardian Signature _____ Date _____

The Kalama School District does not sponsor this event and the District assumes no responsibility for it. In consideration of the privilege to distribute materials, the School shall be held harmless from any cause of action filed in any court or administrative tribunal arising out of the distribution of these materials, including costs, attorney's fees and judgments or awards.