

Edmonds Woodway High School

Junior Cheerleading Camp

LOOK!

We have added an extra 1/2 hour each day ☺

When: August 18th through 21st 9:00am-1:30 pm (parent performance at 1:00pm Thursday)
Check-in begins at 8:50am

Where: Edmonds Woodway Gymnasium
7600 212th St. SW
Edmonds, WA 98026

More than one child attending from the same family?
Check out the Family Rate!

Who: Current Kindergarten to 8th Grade

Why: Spend a day learning new cheerleading skills and making friends

Cost: \$110 BEFORE July 31st OR \$125 AFTER July 31st and at the door

*Family rate: \$100 per child in family BEFORE July 31st OR \$125 AFTER July 31st and at the door

Make Checks Payable to "ESD"

Attended Cheer Camp before?
Have POMS?
Save \$10 off your registration!

Each participant will receive an individual and team photo, t-shirt, poms (if requested), craft, 18 hours of cheerleading FUN and admittance to the Varsity Football Game on Friday, September 5th

Participants Please Bring:

Sack Lunch (a snack will be provided)

Water Bottle

Wear comfortable clothes and athletic shoes

Parents may stay or drop in anytime

*We will have a performance for parents at **1:00 pm** on Thursday; bring your video cameras!*

Questions? Contact Coach Brianne Sturm at:

sturmb@edmonds.wednet.edu OR 425.431.4290

Thank you for helping to support Edmonds Woodway Cheer and all our sports programs!

Funds raised from our clinic help purchase sport treats, offset the cost of camp and uniforms and pay for competition fees.



We hope to see you there

Go Warriors!

2014 Junior Cheer Camp Registration

NAME _____

GRADE _____ SCHOOL _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN PHONE NUMBER(S) _____

EMAIL ADDRESS: _____

(please print legibly, this email will be used to confirm registration)

T-shirt size (circle one)

Youth: Small Medium Large
 Adult: Small Medium Large

POMS (circle one) I have POMS (subtract \$10) I need POMS



Pay before July 31st \$110
AFTER July 31st \$125

Today's Date **Amount Enclosed** (circle one)

_____ \$110 \$125 *\$100

(write date above) *Family rate valid

(I have poms) **\$100 or \$115** **BEFORE July 15th ONLY**

(more than one child attending)

*Sibling name(s) also attending: _____

PLEASE MAIL or BRING REGISTRATION/RISK FORM WITH
 CLINIC FEE TO ADDRESS BELOW

Make Checks Payable to "ESD"

Mail –Send fee & form to:
 EWHS Cheer
 C/o Brienne Sturm
 23225 89th Ave W
 Edmonds, WA 98026



In Person – Turn in completed
 form & fee to *Pam Daines* in the
 Edmonds Woodway ASB Office

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2014 Edmonds-Woodway Junior Cheer Clinic, 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 clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being. _____
 (Parent initial)
2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. _____
 (Parent initial)

Medical Information

The following special health concerns should be noted: _____

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

_____ Phone: _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed.

Name of Preferred Doctor _____ Phone: _____

Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that **the Edmonds School District requires but does not provide medical insurance for my child.** I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: _____

Plan Number (required): _____

All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office, head coach, or school athletic trainer for information.

Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give permission for

_____ who attends _____ to

(Student)

(School)

participate in the Edmonds-Woodway Junior Cheer Camp, August 18-21, 2014 for the purpose of practicing fundamental cheer skills in order to enhance skill and performance level.

Parent/Guardian Signature _____ Date: _____