



Lynnwood High School Mini Cheer Camp Fall 2019

Hosted by the Lynnwood High School Cheer Squad

When: Saturday October 12th, 2019, 10 a.m. – 1 p.m. **Where:** Lynnwood High School Gym

Why: Learn cheers, dances, stunts, and have fun! **Ages:** K-8th grade **Cost:** \$40.00 per mini cheerleader or 2 for \$70.00 (must be relatives)

(Deadline for registration w/ t-shirt is October 1st - day of is \$40 at door and shirts are first come first serve)

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 18th @ 5:00 PM (4:30 PM call time). Parents/family are required to pay the admission fee. Participants are free.

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 1st 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.**

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: _____ Age: _____ Grade: _____

Address: _____

Parent Name: _____ Phone # _____

Parent Email (For game updates & link to photos/videos): _____

Cheerleader Referral (Optional): _____

Shirt Size (Circle one): YXS YS YM YL AS AM AL

****Please bring a (labeled) water bottle and a snack(s) ****

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the Fall 2019 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 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:

Name: _____ 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 Lynnwood Mini Cheer Camp, October 12th, 2019 and the game on October 18th, 2019 for the purpose of practicing fundamental cheer skills in order to enhance skill and performance level, and have fun!

Parent/Guardian Signature: _____ Date: _____