



Mascot Training 2017

At AWSL CheerLeadership Camp Session I
Sponsored by the Association of Washington School Principals

Registration Details



Mascot registration packet

A complete Mascot Training registration needs to include four items:

- A school registration form
- A check or purchase order for the total amount due
- A Mascot Registration Form for each mascot attending camp, fully filled out, with three signatures: delegate, parent/guardian and adviser
- An NCA/NDA Participant Release and Waiver for each mascot attending camp, fully filled out, with the appropriate signatures at each large X

Please scan and email your registration packet to van@awsp.org or mail it to AWSL • 2142 Cispus Rd • Randle, WA 98377. Checks must be mailed.

Registration Includes

Schools that are members of the Association of Washington Student Leaders (AWSL) pay just \$350 per mascot. Non-member schools pay \$360 per. Please contact Susan Fortin, susanf@awsp.org if you need scholarship assistance to send a mascot to camp. Your registration fee includes:

- Four nights and five days room and board at Central Washington University in Ellensburg
- Professional instruction, tailored specifically for mascot training, and 24-hour supervision
- On-site athletic trainer
- Technical instruction by NCA with training for all skill levels
- Leadership support from an amazing team of coaches, educators and staff dedicated to your success
- **PLUS- All awards and honors offered at other NCA Camps**

Transportation

1. Students may use the charter bus service arranged by the Association of Washington Student Leaders. Buses are scheduled based on registration requests. Delegates riding the bus should plan to ride round trip. Students using our bus service will be mailed a copy of their pickup location and departure time approximately one week prior to their camp session.
2. Delegates may be transported to Cheerleadership Camp by a school official, a parent or an adult authorized by the school. **Student drivers are not allowed.**
3. Charter Bus Fares – Round Trip

Auburn	\$56	Kelso	\$64	Tacoma	\$58
Bellevue	\$56	Moses Lake	\$50	Tri-Cities	\$56
Bellingham	\$64	Olympia	\$61	Vancouver	\$64
Burlington	\$63	Renton	\$56	Yakima	\$43
Centralia	\$63	Seattle	\$55		
Everett	\$58	Spokane	\$63		

Cancellation Policy

Schools may cancel reserved delegate spaces up to June 15 with a full refund. All cancellations received after June 15 will result in a non-refundable processing fee of \$50 plus transportation fees. If cancellation is made less than five working days prior to the start of your camp, the full charge of camp plus transportation will apply. Full charges apply for delegates who leave early or do not show up for camp. All cancellations must be received in writing from a school official by the specified dates. **Last day to cancel with \$50 (plus transportation) fee is Monday, July 10.**

QUESTIONS? Contact Van Anderson (van@awsp.org) or Susan Fortin (susanf@awsp.org).

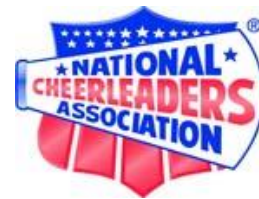
Phone: (360) 497-5323 | FAX: (360) 497-5324 | www.AWSLeaders.org



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School Registration Form



RESERVE your space now. Scan/email with purchase order to Van Anderson (van@awsp.org)
FOLLOW-UP by June 15 with your packet of Student and Coach forms.

School _____ District _____

City _____ School Phone _____

Adviser Name _____ Email _____

Adviser Phone Numbers Work _____ Best time of day to call adviser: _____

Check **daytime preference:** Home _____

Cell _____

If adviser is unavailable after school is adjourned (i.e. vacations, jobs out of state) a contact person must be provided.

Alternate Contact Name & Phone Number: _____

Registration: Indicate the number of mascot delegates you are sending. CheerLeadership Camp is held at Central Washington University in Ellensburg, WA.

Mascot Training - July 17-21, 2017 Number of Mascots _____

AWSL Member Price	\$350	<input type="checkbox"/> X	# of mascots	
Non-Member Price	\$360	<input type="checkbox"/> X	# of mascots	= Registration Fees \$

Transportation: Bus routes are created based upon school requests at time of registration. Approximately seven days prior to camp an itinerary will be mailed to each delegate. See Registration Details for Charter Bus fares. Exact pick-up locations are announced based on total registrants requesting transportation. **STUDENT DRIVERS ARE NOT ALLOWED**

No Transportation Needed

Bus Reservations for _____ mascots X \$ _____ **= Transportation Fees \$**

Preferred pick-up location _____ **TOTAL AMOUNT DUE \$**

Method of Payment: A purchase order or payment to "AWSP" must accompany your registration. Invoices will be sent upon receipt of this registration. Adjustments to invoices will be made within the provisions of the cancellation policy.

Cancellation Policy: Schools may cancel reserved delegate spaces up to June 15 with a full refund. All cancellations received after June 15 will result in a non-refundable processing fee of \$50 plus transportation. If cancellation is made less than five working days prior to your camp, the full charge of camp plus transportation fee will apply. Full charges apply for delegates who leave early for any reason or do not show up for camp. All cancellations must be received in writing from a school official by the specified date.

Please submit as a packet:

- This completed form
- Check or purchase order for total amount due

For each mascot:

- Mascot Delegate Registration Form
- NCA/NDA Participant Release & Waiver



Mascot Training 2017

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Delegate Registration/Medical Form



DO NOT FAX THIS FORM!

Mascot Training is held at Central Washington University, Ellensburg, WA.

Mascot Training at CheerLeadership Camp Session I – July 17-21 (Mon-Fri)

Legal First & Last Name _____ Preferred Badge Name _____

School _____

Home Mailing or P.O. Box _____ City/State _____ Zip _____

Student Email _____ Student Cell Phone _____

Age _____ Graduation Year 20____ Gender: Female Male Birth Date _____

Parent/Guardian Name(s) _____

Parent Evening Phone _____ Parent Day Phone _____

Alternate Emergency Contact _____ Alternate's Phone _____

Medical Insurance Company _____ Policy Number _____

Medical information below is to be completed by parent or guardian. ATTACH DETAILS IF NEEDED.

Dietary needs: Vegetarian Vegan Gluten Free
Peanut allergy? No Yes, ingested Yes, airborne
Other dietary, health concerns or allergies: _____

Date of last tetanus shot: _____

Current medications/taken for: _____ Dosage & time of day: _____

Can a health care professional provide over the counter medication? Yes No Restrictions: _____

Should the delegate be restricted from any type of activity? _____

Does your child need special accommodations due to physical challenges? _____

Cancellation Policy. All cancellations received after June 15 will result in a non-refundable processing fee of \$50 plus transportation fees. If cancellation is made less than five working days prior to camp, the full charge of camp plus transportation will apply. Full charges apply for delegates who leave early or do not show up for camp. **All cancellations must be received in writing from a school official by specified date.**

Student Agreement: If I am accepted as a delegate, I agree to abide by all regulations established by the officials of the Association of Washington Student Leaders and will strive to be a worthy representative of my school by contributing my best efforts toward the success of the camp. I understand the cancellation policy and recognize that **student drivers are not allowed.**

Signature of Student _____ Date _____

Adviser's Verification: I recommend this student for acceptance as a delegate to CheerLeadership Camp. My signature serves as a verification of camp date and transportation requests.

Signature of Coach _____ Date _____

Parent or Guardian Permission: As the parent or guardian, I give my permission for my child to attend CheerLeadership Camp at Central Washington University in Ellensburg, Washington and understand that this program is fully supervised by staff of the Association of Washington School Principals (AWSP). I have read and understand the cancellation policy and recognize that **student drivers are not allowed.** By signing this form I give permission for photographs, slides or videos of my child to be used for information, publication, presentation or other educational purposes. I authorize the AWSP to obtain medical care for my child in the event such care is necessary. In the event of an emergency, I understand that every effort will be made to contact the parent(s) or guardian of the delegate. Permission is hereby granted to the licensed health care professional or accredited hospital and their associates to perform necessary medical procedures that are deemed essential to the treatment of the above named individual. I also agree to be responsible for the payment of such care.

Signature of Parent or Guardian _____ Date _____

NCA and NDA SUMMER CAMP PARTICIPANT RELEASE AND WAIVER

Type:
PWOI

Every Participant must have a completed and signed release form to turn in at registration on the first day of camp to participate. ALL areas must be completed.
Please photocopy and distribute to each person attending. Coach must retain a copy of each form to keep them with the team throughout the event.

Minor's Name	Name of Parent / Legal Guardian (_____)	Camp Dates
Address	Parent/Legal Guardian Cell Phone Number	Location where you will attend camp, City, St
City, State & Zip (_____)	Parent/Legal Guardian Email Address	School/Group Name
Phone Number	Parent/Legal Guardian Home Phone Number	School/Group Address, City, State, and Zip
Participant Email Address	Participant Type: <input type="checkbox"/> Cheer <input type="checkbox"/> Dance	



Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as a parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above camp to be conducted by Varsity Spirit LLC ("Varsity Spirit") d/b/a National Cheerleaders Association ("NCA") and/or National Dance Alliance ("NDA"). I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless Varsity Spirit, Varsity Spirit's Corporate Sponsors (hereinafter "Sponsors"), the Hosting Site, (university, hotel, convention center, high school) on whose premises the Camp will occur (hereinafter the "Location") the affiliates of Varsity Spirit, the Location, and the respective directors, officers, representatives, members, agents and employees of Varsity Spirit, Sponsors, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability, whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that Minor may incur or sustain during the Camp, all activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss of costs Releasees may have to pay as a result of any such action, claim, or demand.

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

X Signature of Parent or Legal Guardian: _____ Date: _____

Medical Release. I, in my own behalf and on behalf of minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the camp. In the event of such illness or injury, I authorize Varsity Spirit to obtain necessary medical treatment of the minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

Appearance Agreement. I understand that Varsity Spirit d/b/a NCA and/or NDA from time to time produces promotional material relating to its programs. I understand that as a participant and/or a spectator at the Camp, Minor may be included in videotapes, photographs, DVDs, podcasts, and videocasts taken during the Camp. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to Varsity Spirit d/b/a NCA and/or NDA, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor and to utilize such videotapes and photographs and Minor's name, face, likeness, voice and appearance as part of the Camp, in advertising and promoting the Camp or in advertising and promoting similar future events. I further understand that neither Varsity Spirit nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. I, in my own behalf and on behalf of Minor, waive any right to inspect or approve any materials related thereto.

Camp Rules. I further acknowledge and understand that Varsity Spirit has established rules and regulations pertaining to conduct, behavior and activities of all Camp participants by which Minor and I agree to abide during the Camp, and that Minor and I will be responsible for his/her/my failure to abide by those rules and regulations. Minor and I have received, read and understand the Camp rules. Minor and I understand that violation of the rules can result in dismissal from Camp with no refund. Minor and I understand that Sponsors may distribute samples of their products at camp.

Insurance and Medical Information I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Camp and that he/she shall consume the prescribed dosage for such medications. **Varsity Spirit will not administer or supply any type of medication at camp.**

Medications (if any): _____
 Allergic to (if any): _____
 I acknowledge that the Minor suffers from the following conditions: _____
 Family Doctor: _____ Phone Number: () _____ Minor Birthdate: ___/___/___
 Insurance Company: _____ Insurance Company Address: _____
 Medical Insurance Policy/Group Number - REQUIRED: _____ Insurance Company Phone # : _____ - _____ - _____

Emergency Information: Name to contact: _____ Em Contact Address: _____
 City, State, Zip: _____ Cell Phone Number: () _____
 Daytime Telephone: () _____ Evening Telephone: () _____

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Camp will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

X Signature of Parent or Legal Guardian: _____ Date: _____ Relationship to Minor: _____

X I, identified above as Minor, acknowledge that I have read this Release and Waiver form.
 Signature of Minor: _____ Date: _____
 Witness Signature: _____ Address: _____ Date: _____

