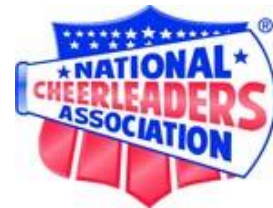




# CheerLeadership Camp 2018

Sponsored by the Association of Washington School Principals



## Program Overview

### 2018 Summer Schedule

#### Session I – July 16-20 (Monday-Friday)

Shari Parsons, Director

#### Session II – July 23-27 (Monday-Friday)

Kim Mayer, Director

### Who should attend CheerLeadership Camp?

#### School Cheer Squads

Camp is designed for public and private school cheer squads. All attendees must be registered as part of an official school delegation. Ideally the full squad would attend camp together, however if budgets are tight, consider sending your captains or leadership team. They will gain valuable skills they can teach to the rest of the squad.

#### Squad Size

CheerLeadership Camp serves squads of all sizes. We've had squads numbering over 30 and some smaller than five! Regardless of size, our NCA and CheerLeadership staffs will work together to make the camp experience valuable, exciting and rewarding.

#### MASCOTS on a Mission! (Session 1)

Session 1 includes specialized Mascot training. Mascots bring their costume and spend the week with a dedicated instructor who helps mascots develop their character. A strong mascot is a leader in creating school identity while motivating and energizing your crowd and community! Mascots can attend with their squad or can attend on their own- either way, they will gain valuable skills to create a positive, unified school.

#### Dynamic Coaches Workshop

Coaches have the unique opportunity to participate in workshops designed to add practical skills to their coaching toolbox. Practice management, teambuilding and squad unity, working with parents and administration are just a few of the specific skills needed by cheer coaches. Coaches will network with their peers in these separate workshops and will work with their squads – especially during stunt instruction and practice time. Twenty-five clock hours are available for \$50.

### How do we get there?

Charter bus service to and from camp is available for an additional fee. Delegates may also be transported to CheerLeadership Camp by a school official, a parent or an adult authorized by the school. **Student drivers are NOT allowed.**

### What facilities are used?

Both sessions are held at Central Washington University in Ellensburg, WA. Sessions take place in the air-conditioned gymnasium and outside on spacious grassy areas. Meals are served in the state-of-the-art Student Union and Recreation Center. Students live in college dormitories and coaches are housed in separate apartment-style dorms. Evening supervision of the squads is the responsibility of CheerLeadership staff. Coaches have the opportunity to meet with their squad in their assigned dorm prior to lights-out each evening.

### Who are the staffs?

CheerLeadership Camp is run by two trained staffs. The **AWSP Leadership Staff** is comprised of educators and experienced coaches who are experts in crowd involvement, team building, squad unity and problem solving. The leadership staff is also responsible for dorm supervision and safety of the delegates. The **NCA Staff** is made up of talented college cheerleaders trained to teach proper technique, stunting and safety. The two staffs work together to ensure a positive, powerful week!

### How does CheerLeadership Camp compare to other NCA camps?

At CheerLeadership Camp you will receive all of the same cheer and stunt instruction as other NCA camps in Washington. NCA awards, trophies and honors are the same as other NCA camps. You also have the opportunity to earn leadership awards as you apply your new skills throughout the week. Squads are challenged to reach their own next level of success, while enhancing their ability to lead their schools. Whether starting from the basics or perfecting elite skills, CheerLeadership is for all cheerleaders.

### Why should I attend?

School principals recognize the important role cheerleaders play in a school, both as leaders and athletes. To provide training for this dual role, the Association of Washington School Principals (AWSP) sponsors CheerLeadership Camp, which blends leadership training with important technical cheer skills. Make a difference for yourself and your school...register for CheerLeadership Camp now!

**QUESTIONS?** Contact Van Anderson ([van@awsp.org](mailto:van@awsp.org)) or Susan Fortin ([susanf@awsp.org](mailto:susanf@awsp.org)).

Phone: (360) 497-5323 | FAX: (360) 497-5324

[www.AWSLeaders.org](http://www.AWSLeaders.org)



# CheerLeadership Camp 2018

Sponsored by the Association of Washington School Principals



## Registration Details

### Reserve your Space

Spaces at camp are officially reserved when the **School Registration Form** and a purchase order or check is received at the Association of Washington Student Leaders office. Process your school registration early to guarantee your spaces. Reserved spaces may be cancelled up to June 15 with a full refund. To finalize your registration, **collect, sign and mail Delegate Registration/Medical Forms and NCA Release Forms as a packet by June 15**. Schools with completed registration packets postmarked by June 15 will receive a complimentary t-shirt for each delegate.

### Registration Includes

Schools pay just \$375 per delegate/coach. Your registration fee includes:

- Four nights and five days room and board at Central Washington University in Ellensburg
- Professional instruction 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
- **NEW!** The 2018 Summer Camp Music Mix download FREE! to each coach/adviser
- **PLUS** All awards and honors offered at other NCA Camps

### Delegate and Coach Forms

Collect, sign and mail all student and coach forms as a packet. This includes **two forms** per person – the NCA Release Form and the AWSL Registration/Medical Form. **All signatures must be present.** Mail your student and coach forms as a packet; DO NOT FAX. Packets must be postmarked by June 15 to receive complimentary t-shirts. *Incomplete packets, including those missing signatures, will not be eligible for the complimentary t-shirts.*

### Transportation

- 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.**
- 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. Round trip charter bus fares:

Auburn	\$61	Everett	\$62	Spokane	\$66
Bellevue	\$58	Kelso	\$67	Tacoma	\$62
Bellingham	\$67	Moses Lake	\$50	Tri-Cities	\$59
Burlington	\$66	Olympia	\$64	Vancouver	\$67
Centralia	\$66	Renton	\$61	Yakima	\$45
Edmonds	\$62	Seattle	\$60		

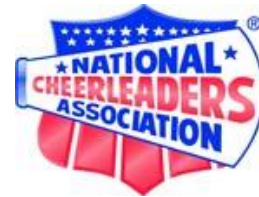
### Cancellation Policy

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 \$75 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 \$75 (plus transportation) fee is Monday, July 9 for Session I (July 16-20) and Monday, July 16 for Session II (July 23-27).**



# CheerLeadership Camp 2018

Sponsored by the Association of Washington School Principals



## School Registration Form

**RESERVE your space now.** Scan/email with purchase order to Van Anderson ([van@awsp.org](mailto:van@awsp.org)) or mail with check / P.O. to AWSL CheerLeadership • 2142 Cispus Rd • Randle, WA 98377  
**FOLLOW-UP by June 15 with your packet of Student and Coach forms.**

School \_\_\_\_\_ District \_\_\_\_\_

City \_\_\_\_\_ School Phone \_\_\_\_\_

Coach Name \_\_\_\_\_ Email \_\_\_\_\_

Coach Phone Numbers  Work \_\_\_\_\_ Best time of day to call coach: \_\_\_\_\_  
 Check **daytime** preference:  Home \_\_\_\_\_  
 Cell \_\_\_\_\_

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

**Alternate Contact Name & Phone Number:** \_\_\_\_\_

**Registration:** Indicate the session you will be attending and the number of delegates. CheerLeadership Camp is held at Central Washington University in Ellensburg, WA.

Number of Coaches \_\_\_\_\_

Session I – July 16-20

Number of Cheerleaders + \_\_\_\_\_

Session II – July 17-23

Number of Mascots (Session 1 Only) + \_\_\_\_\_

**Total Number of Delegates** = \_\_\_\_\_ X **\$375** = **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 \_\_\_\_\_ delegates 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 \$75 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.



# CheerLeadership Camp 2018 T-shirt Order Form

To receive your complimentary CheerLeadership T-shirts please include this form with your coach and student Delegate/Medical Forms and NCA Release packet. Postmark deadline for your complete packet is June 15<sup>th</sup>. If you fail to meet the June 15<sup>th</sup> deadline, your squad will not be eligible for the complimentary t-shirts.

**School:** \_\_\_\_\_ **Coach:** \_\_\_\_\_

**Camp Session (Circle One):**

**Session 1**

**Session 2**

**Number of Students Attending:**

\_\_\_\_\_

**Number of Coaches Attending:**

\_\_\_\_\_

Please indicate how many of each size t-shirt you need (remember to include sizes for coaches who are registered for camp):

**Coaches:**

**Student Order:**

Small:

\_\_\_\_\_

\_\_\_\_\_

Medium:

\_\_\_\_\_

\_\_\_\_\_

Large:

\_\_\_\_\_

\_\_\_\_\_

XL:

\_\_\_\_\_

\_\_\_\_\_

2XL:

\_\_\_\_\_

\_\_\_\_\_

Other:

\_\_\_\_\_

\_\_\_\_\_

**Coach Total:** \_\_\_\_\_

**Student Total:** \_\_\_\_\_

Return this form with your Delegate Packet to  
CheerLeadership Camp  
2142 Cispus Rd  
Randle, WA 98377

If you have any questions please contact Van Anderson at [van@awsp.org](mailto:van@awsp.org) or at (360) 497-5323.



# CheerLeadership Camp 2018 Delegate Registration/Medical Form

**DO NOT FAX THIS FORM**

**Mail your squad's delegate forms and NCA waivers as a packet by June 15<sup>th</sup>.**

**Please indicate CheerLeadership Camp session your squad will be attending.**

Both camps are held at Central Washington University, Ellensburg, WA.

Session I – July 16-20 (Mon-Fri)

Session II – July 23-27 (Mon-Fri)

Session I, Mascot Training – July 16-20 (Mon-Fri)

**Race/Ethnicity (Optional)**

- Hispanic / Latino of any race(s)
- American Indian / Alaskan Native
- Asian
- Black / African American
- Native Hawaiian / Other Pacific Islander
- White
- Two or More Races

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  Other 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 TO BE COMPLETED BY PARENT OR GUARDIAN - ATTACH DETAIL IF NEEDED**

- Dietary needs:  Vegetarian    Peanut allergy?  No  
 Vegan     Yes, ingested  
 Dairy Free     Yes, airborne  
 Gluten Free

Other dietary, health concerns or allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Current medications/taken for: \_\_\_\_\_ Dose/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 \$75 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 \_\_\_\_\_

**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 \_\_\_\_\_

**Coach/Adviser Verification** I recommend this student as a delegate to Cheer Leadership Camp.  
I understand the cancellation policy and am verifying camp dates/transportation request.

**Initial and 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	Graduation Year
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		<b>Participant Type:</b> <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.

**X** **Signature of Minor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**X** **Witness Signature:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_





# CheerLeadership Camp 2018 Coach Registration/Medical Form

**DO NOT FAX THIS FORM**

**Mail Coach and Delegate forms with NCA waivers as a packet by June 15<sup>th</sup>.**

Mail to: AWSL CheerLeadership • 2142 Cispus Rd. • Randle, WA 98377

### Race/Ethnicity (Optional)

- Hispanic / Latino of any race(s)
- American Indian / Alaskan Native
- Asian
- Black / African American
- Native Hawaiian / Other Pacific Islander
- White
- Two or More Races

### Please indicate the CheerLeadership Coaches Seminar you will be attending.

Both workshops are held at Central Washington University, Ellensburg WA.

Session I – July 16-20 (Mon-Fri)

Session II – July 23-27 (Mon-Fri)

### Please indicate your transportation needs by checking the appropriate box.

I plan to ride the charter bus with my squad.

I will make my own transportation arrangements.

School \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Mailing or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Gender  Female  Male

Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Insurance Company Phone \_\_\_\_\_

Dietary needs:  Vegetarian  Vegan  Gluten Free  Dairy Free Other dietary, health concerns or allergies: \_\_\_\_\_

**Housing:** Coaches and students will be housed separately. Rooms are priced for double occupancy. On a space available basis, single rooms may be available. Contact Van Anderson ([van@awsp.org](mailto:van@awsp.org)) or 360.497.5323 to make arrangements for a single room. Do you have a roommate preference? Roommate request: \_\_\_\_\_

**Cancellation Policy:** Schools may cancel reserved spaces up to June 15 with a full refund. All cancellations received after June 15 will result in a non-refundable processing fee of \$75 plus transportation. 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 in writing by the specified date.**

### Statement of Understanding and Release:

Through this registration process I recognize that I am enrolling for the **Coaches Seminar** that is held in conjunction with the Association of Washington Student Leaders CheerLeadership Camp. I 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 myself to be used for information, publications, presentations or other educational purposes. I authorize the Association of Washington School Principals to obtain medical care for me in the event such care is necessary. In the event of an emergency, every effort will be made to reach the emergency contact I have stated above. 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 my treatment. I also agree to be responsible for the payment of such care.

Signature of Coach \_\_\_\_\_ Date \_\_\_\_\_





# NCA and NDA SUMMER CAMP ADULT RELEASE AND WAIVER

Type:  
AWOI

Every Advisor/ Coach/Chaperone 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 adult attending. Coach must retain a copy of each form to keep with you throughout the event.*

_____ Name	_____ School/Group Name	_____ Location where you will attend camp
_____ Address	_____ School/Group Address	_____ Camp City & State
_____ City, State & Zip ( )	_____ School/Group City, State, & Zip ( )	_____ Camp Dates
_____ Cell Phone Number	_____ School/Group Phone Number	<input type="checkbox"/> Check here if you are the Advisor/Coach
_____ Email Address		<input type="checkbox"/> Check here if you are a Chaperone
<input type="checkbox"/> Yes, you have my permission to send me updates/newsletters from Varsity!		<input type="checkbox"/> Check here if you are 21 or older
		<input type="checkbox"/> Check here if you are employed by the school or school district.

**Liability Release.** For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I agree to participate in the above camp to be conducted by Varsity Spirit LLC ("Varsity Spirit") dba National Cheerleaders Association (NCA) and/or National Dance Alliance (NDA.) I 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 I 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 me or by any other persons on the account of damages of any character resulting to me 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 hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I 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 further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I have signed this document voluntarily and of my own free will.

**X** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Release.** I acknowledge and agree that such participation subjects me to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I acknowledge that I am 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 for me and hereby 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 by me for any illness or injury that I 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, I may be included in videotapes, photographs, DVDs, podcasts, and videocasts taken during the Camp. Therefore, without reservation or limitations, I 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 me and to utilize such videotapes and photographs and my name, face, likeness, voice and appearance as a 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 waive any right to inspect or approve the copies of any promotional 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 I agree to abide during the Camp, and that I will be responsible for my failure to abide by those rules and regulations. I have received, read and understand the Camp rules. I understand that violation of the rules can result in dismissal from Camp with no refund. I understand that Sponsors may distribute samples of their products at camp.

**Insurance and Medical Information** I represent that any medication to which I am allergic or medications that I am currently taking are listed below. I agree that I shall bring medications which I am currently taking with me to the Camp and that I 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 I suffer from the following conditions: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ Your 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 hereby warrant that I have read this Adult Release and Waiver Form in its entirety and fully understand its contents. I am aware that this Adult 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 further acknowledge that nothing in this Adult Release and Waiver Form constitutes a guarantee that the Camp will occur. I have signed this document voluntarily and of my own free will.

**X** Signature of Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Address \_\_\_\_\_ Date: \_\_\_\_\_

