



# Mascot Training 2018

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

## Registration Details



### Mascot registration packet

Mascots attending with a cheer squad should use the regular CheerLeadership Registration. Only schools sending a mascot without their cheer squad should use the mascot-specific registration. 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 completed, 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](mailto:van@awsp.org) or mail it to AWSL • 2142 Cispus Rd • Randle, WA 98377. Checks must be mailed.

### Registration Includes

Schools pay just \$375 per mascot. 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

- Mascots may be transported to CheerLeadership Camp by a school official, a parent or an adult authorized by the school. **Student drivers are not allowed.**
- Mascots may use the charter bus service arranged by the Association of Washington Student Leaders, although they must board at a stop with at least one other CheerLeadership Camp delegate. 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. Charter Bus Fares – Round Trip:

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.**

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)



# Mascot Training 2018

At AWSL CheerLeadership Camp Session I  
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 Mascot Training • 2142 Cispus Rd. • Randle, WA 98377  
**FOLLOW-UP by June 15 with your packet of Mascot Delegate Registration forms.**

This registration form should **only** be used for Mascots attending Mascot Training at CheerLeadership Camp **without** an accompanying Cheer squad. Mascots attending with their school's Cheer squad should be included with the squad's CheerLeadership Camp registration.

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. Mascot Training is held July 16-20 at CheerLeadership Camp at Central Washington University in Ellensburg, WA.

Number of Mascots \_\_\_\_\_ 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 \_\_\_\_\_ 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 \$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.

**Please submit as soon as possible:**

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

**By June 15, for each mascot:**

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



# Mascot Training 2018

## At AWSL CheerLeadership Camp Session I

### Delegate Registration/Medical Form

**DO NOT FAX THIS FORM**

**Deadline: Mail your delegate registration form and NCA waiver by June 15<sup>th</sup>.**

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

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

T-shirt size \_\_\_\_\_

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  Vegan  Dairy Free  Gluten Free
- Peanut allergy?  No  Yes, ingested  Yes, airborne

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 \_\_\_\_\_

**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:** \_\_\_\_\_

