



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 15th.

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		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.

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 15th.

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) 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: _____

