

**3rd Annual G-CHS Cheerleading Mini Camp
Hosted by the G-CHS Cheerleaders**

June 1st, 2nd, and 3rd 2015

**Cheer Mini Camp
—Incoming Grades
K-6th**



**TIME: 4pm—6pm
Registration begins
at 3:30pm**

WHERE: Greenfield Central High School Fieldhouse

COST: \$50—non-refundable

**WHY?: Great opportunity for an introduction to cheerleading or
to improve cheerleading skills:**

- ☑ Learn proper motions and technique, jumps, cheer, dance, tumbling, and basic stunt technique.
- ☑ Meet the HS Cheerleaders and enjoy games and activities.
- ☑ Registrations & payment received by May 15th will receive a FREE Cheer T-Shirt, craft activity, and hair bow.
- ☑ Performance for family and friends beginning at 5:30pm on Wednesday, June 3rd.
- ☑ Camp will be taught by current G-CHS Cheerleaders and supervised by current program coaches.



To REGISTER: Please fill out the registration form on the back and return to Greenfield Central High School before **5/15/2015** with a payment of \$50 per participant. Registration and payment received after 5/15/2015 are accepted but **does not** guarantee the clinic T-Shirt or Bow.

*****Please wear athletic shoes and clothing. Hair must be pulled back and off the shoulders. For safety purposes no jewelry or gum is permitted. If you have any questions please feel free to contact Laken Peal at lpeal@gcsc.k12.in.us**

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Name: _____ Grade (enrolled for Fall 2015): _____

Phone: _____ Address: _____

Shirt Size: Youth: S M L XL or Adult: S M L XL (Circle One)

***Please return this completed and signed form to Attn: Laken Peal Cheerleading Coach;
Greenfield Central High School, 810 North Broadway St., Greenfield, IN 46140. Please include
your nonrefundable registration fee of \$50 payable to G-CHS; Memo Cheer Mini Camp***

G-CHS Cheerleading Mini Camp Medical and Liability Release:

_____ elects to take part in the G-CHS Cheerleading event, which is sponsored by the G-CHS Cheerleading squad. I/We understand that our son/daughter is required to be in good physical shape and condition and that the activities, which he/she will be asked and expected to participate in, are strenuous and require physical and athletic agility. I/We understand that cheerleading is an activity in which the risk of injury is high; that any one of the routines involving our son/daughter's participation in cheerleading activities in general could lead to serious injury, including partial or total paralysis, even death. I/We have also discussed this with our child and among ourselves. Despite this understanding of the possibility of serious or catastrophic injury or death and the risks involved, we still consent to the participation in this activity by our son/daughter. I/We represent to that, to the best of our knowledge and belief, our son/daughter has no physical, medical, or mental disability or other limitation that would restrict his/her ability to fully participate in this activity. I/We agree to, and by the signing of the agreement, release the coaches, volunteers, staff of Greenfield Central High School, and the Board of Education from any claim of negligence by ourselves, our son/daughter, our heirs, executors and assigns, from any liability arising from claims for damages for injury to our son/daughter and any claims for loss or damage to his/her property which may arise out of his/her participation in the Greenfield Central High School Cheerleading Mini Camp on June 3-5, 2014. I/We further acknowledge that the above individual is covered by health insurance the particulars of which are described below. I hereby agree that I am responsible for any required medical treatment, and give permission for my child to receive medical treatment in the event that I am unable to be contacted. In order that participant may receive necessary treatments, I hereby hold Greenfield Central High School and their Cheerleaders, and coaches harmless in the exercise of this authority.

Name of Participant: _____ D.O.B. _____

Parent Name: _____ Phone: _____ alt: _____

Medical Insurance Carrier: _____

Policy Number: _____

Emergency Contact Name and Phone: _____

State any pre-existing conditions, allergies, medications, etc.: _____

Parent/Guardian Signature: _____ Date: _____