

2010 Cheerleading Camp information

Camp will be held at Piner High School 1700 Fulton Road, Santa Rosa, CA 95401

This cheerleading camp teaches young athletes all the essential skills to lead the crowd and support the team while preparing for competition

Fill out the *attached* registration slip ASAP! All campers registering before May 23rd will pay **\$50**; registration after May 23rd is **\$60**!

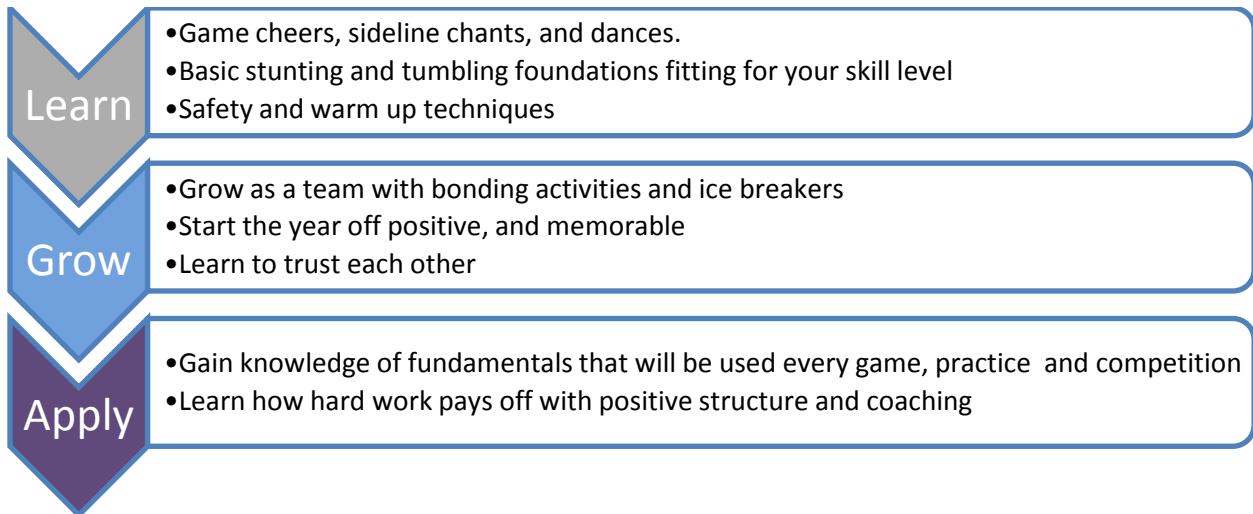
Camp Schedule: **July 24th and 25th 2010**
Registration /Check in 8:45 (1st day only) Teams must check in before they enter!
• Saturday and Sunday: 9:00am-4:00pm and a 1 hour lunch break

Contact, payment information and mandatory participant forms and signup sheets are attached

Please Bring!!!

- *Appropriate clothing/shorts/t-shirt/tennis shoes (*no converse/flat soled sneakers*)
- *Lunch and a water-bottle (small snacks and some water will also be provided)
- *All jewelry must be taken out and hair **MUST** be pulled back in a secure pony tail, or tightly braided, without bangs obstructing view. *Sunscreen is also highly suggested!*

You will have tumbling clinics during both days of camp. We will concentrate on your individual needs. Each coach will have the opportunity to learn progressions and spotting techniques with demonstrations.



We focus on giving the cheerleaders the skills they need to succeed and have fun in both game oriented and competition environments. We know the importance of setting the pace and starting the year off right so your team can reach its highest potential. We also value teaching skills right the first time so no one gets injured or cheated out of having good technique and moving ahead. We offer all the amenities of a cheer organization's home camp. We have a well trained and highly experienced energetic staff. We have a trained medical assistant to ensure that any injuries will be attended to. Coaches may stay with their teams, however it is not required. Groups will be divided by team/skill level so they can get the most out of camp!

2010 Cheerleading Camp Sign Up/Payment Form

Please complete this form and mail it in with your release papers and payment

Participant Name/Level/Age: _____

A payment of 50\$ must be received on or before May 23rd 2010

(Any payment received after the 23rd will increase to 60\$ per child.)

(Registration) will not be accepted past June 26thrd!!!

Forms of acceptable payment are: Credit, Check or Cash.

Please sign below

Parent/Guardian Permission: _____ Date: _____

Title _____

*Name _____

*Street Address _____

Address (cont.) _____

*City _____

*State/Province _____

Zip/Postal Code _____

Country _____

*Home Phone _____

Work Phone _____

FAX _____

*E-mail _____

!Credit Card _____

!Cardholder Name _____

!Card Number _____

!Expiration Date _____

Card Validation Number _____

(last 3-digit number on signature strip on back of card)

My form of payment is:

(Please Circle One)*

Check Credit Cash

Make Checks Payable to:

**Redwood P.A.L. Golden Bears
Cheerleading**

Send cash/check/card info to:

Redwood PAL Golden Bears
1415 Fulton Road, Ste. 205
Box B15 Santa Rosa, CA
95403

(Fields with * are required)

(Fields with (!) are required for
credit card payment)

*Questions? Please write or call and we'll get back to you as soon as possible.

*www.Bears@RedwoodPalGoldenBears.com or our phone number at (707) 551-4404

THIS FORM SHOULD BE DUPLICATED AND COMPLETED FOR EACH PARTICIPANT, COACH and CHAPERONE ATTENDING CAMP. DO NOT MAIL THIS FORM. BRING IT WITH YOU TO TURN IN AT EVENT REGISTRATION. NO PARTICIPATION IS ALLOWED WITHOUT THIS FORM & NO REFUND GIVEN! NO EXCEPTIONS.



2010 Cheerleading Camp MEDICAL TREATMENT/LIABILITY RELEASE

I, the undersigned parent or guardian, do hereby grant permission for my child, whose name is: _____
And hereinafter shall be referred to as "participant", to participate in the 2010 CHEERLEADING CAMP conducted by Sara Steil and members of her staff. I grant my permission for said participant to receive the necessary medical treatment in the event of an injury or illness. I hereby hold Sara Steil's 2010 Cheerleading Camp and its representatives (including directors, instructors, medical staff, host campuses and their personnel) and its subsidiaries now and future harmless in the exercise of this authority.

I further acknowledge, understand and agree that in taking part in this camp/athletic activity/competition, there is possibility and even inherent risk of physical injury or illness and that participant is assuming the risk of such illness or injury by participation.

I further agree to hold harmless all members of "2010 Cheerleading Camp", including its directors, officers, campus and campus officials and staff as well as its subsidiaries from any and all liability for any claim whatsoever, including any claim arising out of any injury or illness incurred by participation during the course of the camp/athletic activity including, but not limited to, rehearsals, social activities, practices, competitions, and/or other activity associated with the course of the camp or activity, including travel to and from such activity.

WAIVER OF LIABILITY

I hereby waive and absolve Sara Steil as well as P.A.L. Cheerleading and all divisions, personnel and subsidiaries thereof of any liability and responsibility of injuries, sickness, accidents and/or acts of God incurred during participation in camps, clinics, private coaching, choreography, competitions and/or any other related activity by my child (**enter participant's name**) _____.

In consideration of my signed release allowing my child to participate in a 2010 CHEERLEADING CAMP activity, I, intending to be legally bound, do hereby, my heirs, executor and administration, waive, release and forever discharge any and all rights and claims for damage which my child (previously named) known as participant or I may have or which may hereafter accrue to me or my participant child against members of the camp the camp/clinic/competition, directors, instructors, other personnel, host campuses and their personnel or their respective employees, offices, agents, representatives, successors and/or assignees, for any participation in or rising out of travel to and/or return from the respective 2010 Cheerleading Camp site. In the event of injury/accident/sickness, 2010 Cheerleading Camp Director's and/or instructors are to contact the designated adult listed below as soon as possible to the best of their ability.

Signature of **Child/Participant** _____

Date _____

Signature of **Parent/Guardian** _____

Date _____

Mailing Address of Participant including City, State, Zip

Team/Level Participant is representing _____

Location of 2010 Cheerleading Camp Activity _____

THIS FORM MUST BE IN THE PRESENCE OF THE 2010 CHEERLEADING CAMP AUTHORITY AT ALL TIMES DURING EVENT. If this form is given to the participant or chaperone/coach of participant for use in obtaining medical treatment, it must be returned after use to the proper respective 2010 Cheerleading Camp authority in charge.

I HEREBY GRANT PERMISSION FOR THE ABOVE NAMED PARTICIPANT, MY CHILD/CHARGE, TO BE TREATED IN CASE OF EMERGENCY ACCIDENT OR ILLNESS.

Name of Participant _____

Date of Birth _____

Name of Emergency Contact _____ Relationship _____

Daytime Phone # (_____) _____ - _____ Evening # (_____) _____ - _____

THIS FORM DOES NOT CONSTITUTE ANY PAYMENT OBLIGATION ON THE PART OF 2010 Cheerleading Camp.

THE FOLLOWING IS THE PARTICIPANT'S INSURANCE/MEDICAL INFORMATION:

Medical Insurance Company _____ Policy/Group # _____

Doctor's Name _____ Doctor's Phone (_____) _____ - _____

Allergies _____

Signature of Parent/Guardian Granting Permission _____

Date _____