

Saint Mary's High School 2019 Cheer Camp

June 10-20, 2019

Mini-Cheer

Age: 5-8
Dates: Mon-Thurs. June 10 - June 13
Time: 9am - Noon
Cost: \$120
Place: St. Mary's High School

Intermediate-Cheer

Age: 9-13
Dates: Mon-Thurs. June 17 - June 20
Time: 9am - Noon
Cost: \$120
Place: St. Mary's High School

Directed by
Margo Kozina

Staffed by
Varsity Cheerleaders

Make checks payable to:

St. Mary's Cheer

For more information: contact Margo Kozina @ 957-3340 Ext 251

Or email: <mailto:mkozina@saintmaryshighschool.org>

****Please detach form below, fill out and return with camp fee****

NAME _____ AGE _____

ADDRESS _____ CITY & ZIP _____

PARENT/GUARDIAN'S NAME _____

PHONE (HOME) _____ (CELL) _____

PARENT EMAIL _____

T-SHIRT SIZE (Check one) Youth Sizes: __S __M __L __XL

FEE ENCLOSED: \$ _____ CHECK # _____



I, the undersigned, parent or legal guardian of the above-named player request that my child/ward be allowed to participate in, and give my permission for his participation in those activities described above. I understand that no medical insurance is provided. I authorize the staff of St. Mary's Cheer Camp to act on my behalf in an emergency requiring medical attention. for the purpose of authorizing and signing any consents for any medical treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act whether such treatment is rendered at the office of said physician or at a hospital. For the purpose of such treatment I also waive any privacy rights under the Health Insurance Portability and Accountability Act of 1996 (HIPPA)with respect to my child/ward. I hereby release, agree to indemnify and save harmless St. Mary's High School, St. Mary's Cheer Camp and any and all of its staff or employees from any and all liability for any and all harm arising to my child/ward as a result of the activities described above.

Parent/Guardian Signature _____ Date _____