



JCC Cheer Camp Registration and Liability Form

RSVP to reserve your spot by emailing your name and child's name/age to Amber Beard (amber.beard@jcccentral.org). Please return this completed and signed form with you on the day of camp. All participants must have a signed liability waiver in order to participate. Please include your donation/registration fee of \$30 or more payable to JCC; Memo: JCC Cheer Camp

JCC Cheerleading Mini Camp Medical and Liability Release:

_____ elects to take part in the JCC Cheerleading event, which is sponsored by the JCC Cheerleading squad. I/We understand that cheerleading is an activity in which there are risks of injury. I accept and assume any and all risks associated with his/her attendance and participation in the clinic and its activities. I understand that my child must abide by clinic rules and the instructions of the clinic staff. I/We agree to, and by the signing of the agreement, release the coaches, volunteers, staff of Sierra Lutheran High School 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 of his/her participation in the Johnson County High School Cheerleading Cheer Camp June 27, 28, and 30th. I/We further acknowledge that the above individual is covered by health insurance the particulars of which are described below. I hereby agree that we are responsible for any required medical treatment, and give permission for my child to receive medical treatment if in the event that I am unable to be contacted. In order that participant may receive necessary treatments, I hereby hold Johnson County High School and their Cheerleaders, and coaches harmless in the exercise of this authority. Name(s) of Participant(s):

_____	grade _____ (\$30)	shirt size _____
_____	grade _____ (\$25)	shirt size _____
_____	grade _____ (\$25)	shirt size _____

Address: _____
 City: _____ State: _____ Zip Code: _____
 Parent Name: _____ Phone: (____) _____
 Emergency Contact: _____ Phone: (____) _____
 Email: _____
 Medical Insurance Carrier: _____ Policy Number: _____
 State any pre-existing conditions, allergies, medications, etc.: _____

Parent/Guardian Print: _____
 Parent/Guardian Signature: _____ Date: _____

Signing this form permits JCC to take and share pictures and videos on the JCC website and social media.