

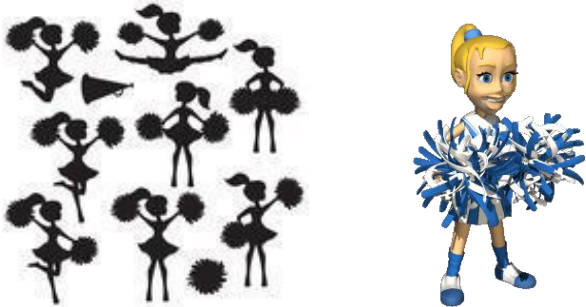
Burrell Cheerleading

BASKETBALL MINI CHEER CAMP

Kindergarten thru 5TH Grade

January 18th & 19th 2018

Burrell High School



\$25.00 per student*

*Each additional student in same household - \$20

(Includes a T-Shirt to be worn on game night,
pom, & Student's admission to the game)

Please contact Crystal Hazlett with
any questions – 724-323-2004
crystalh@swankco.com

BURRELL CHEERLEADING
BASKETBALL MINI CHEER CAMP
Clinic at Burrell High School
Thursday, January 18th, 2018
5:00pm – 7:30pm

Basketball Game at the High School
Burrell Bucs vs. Kiski
Friday, January 19th 2018 – 6:30 pm
Meet in the Cafeteria

Checks or Money Orders are to be made payable to
"Burrell Cheerleading Boosters"
NO CASH PAYMENTS WILL BE ACCEPTED!!!

**REGISTRATION will be at the high school Cafeteria,
Thursday, January 4th & Friday, January 5th from 6-7 pm**

Thursday (1/18/18), the participants will report to Burrell High School Cafeteria for cheer clinic. Friday (1/19/18), the participants will report to Burrell High School Cafeteria to sign in. They will cheer the first half of the basketball game and they will perform with the cheerleaders at half time. Afterwards, the cheerleaders will take the mini campers back to the Cafeteria to be released with parent/guardian with matching wristband.

Name: _____
Address: _____
Phone: _____
Date of Birth: _____ Grade: _____
Elementary School: _____
Parents: _____

**Medical Information
Permission for Emergency Treatment**

Known Medical Problems/Allergies: _____
Family Physician: _____ Phone: _____
Medical Insurance: _____
Policy Number: _____
Emergency Contact: _____
Emergency Contact Relationship: _____
Emergency Contact Phone: _____

This form should enable your child to receive emergency treatment if taken to the hospital by medical personnel.

I, _____ give permission for my child _____ to be treated in the event of an injury or illness requiring emergency care.

Parent Signature: _____

T-Shirt Size

Youth Small 6-8 _____ Adult Small _____
Youth Medium 10-12 _____ Adult Medium _____
Youth Large 14-16 _____ Adult Large _____

Please order carefully, sizes can't be exchanged.

(COMPLETE THIS REGISTRATION AND RETURN)

**Burrell High School Cheerleading
Personal Liability, Medical Release Form and Photo Permission Form**

Child's Name: _____
Emergency Contact Name: _____
Emergency Contact Phone: _____

I hereby agree to release the Burrell School District, its representative and agents, servants and employees from liability for any injury to the above named person, resulting from any cause whatsoever occurring to above named person at any time while attending this school-related activity, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants and employees.

I do voluntarily authorize the Burrell School District, assistants and/or designees to administer and/or obtain routine or emergency diagnostic procedures, and/or routine or emergency medical treatment for the above named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

I agree to indemnify and hold harmless the Burrell School District and/or assistants and designees from any and all claims, demands, actions, rights of actions, and/or judgments by or on behalf of the above named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

I agree that my child's photograph may be taken and displayed on the Burrell Cheer Site and/or local newspaper or other published materials.

Having read and understood this form, I do hereby agree to follow the procedures and practices described.

Parent or Guardian (please print)

Parent or Guardian Signature

Date _____