

## QND CHEERLEADING KIDDIE CAMP REGISTRATION FORM

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

GRADE & SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_

PHONE #: \_\_\_\_\_

T-SHIRT SIZE: (circle one)

Youth sizes: S M L

Adult sizes: S M L XL

My child is interested  
in being the QND  
Cheer Mini Mascot:

Yes

No

ALLERGIES or MEDICAL CONDITIONS:

List Allergies and/or Medical Conditions \_\_\_\_\_

In the consideration of the permission granted to my child by Quincy Notre Dame High School, Quincy IL, to participate in the QND Cheer Camp, I hereby release and discharge QND, it's agents, employees, and officers, from all claims, demands, and actions which the undersigned ever had or now has, or may have, or which the injuries, known or unknown injuries to the property causes by or arising out of the above described sport activity. I further acknowledge that I have adequate medical insurance to cover any medical cost relating to injury or accident rising from participation in the above mentioned sport activity. In case of injury to my child, permission is granted to the attending physician

to contact me in the most expeditious way possible. If communication with said physician is not possible. I authorize the treatment necessary for the best interest of my child, QND Cheer and its coaches are not responsible for accidents.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

For more information,  
please contact:  
Coach Grace Peters  
217-779-8238  
petersgra96@gmail.com