

QND POM FOOTBALL CAMP

**FRIDAY, SEPTEMBER 20TH
5:30PM – END OF HALFTIME**

**GLOW CRAZY WITH THE QND POMMERS AT
HALFTIME OF THE QND VARSITY GAME!**

WHO: GIRLS IN PRE-SCHOOL - 8TH GRADE (AGE 3 AND UP)

**WHEN: CHECK IN @ 5:00PM - 5:30PM IN QND LOBBY, VARSITY GAME
STARTS AT 7PM**

PARENTS WILL PICK UP GIRLS IN THE QND GYM AFTER HALFTIME.

WHERE: QND GYM, 10TH AND JACKSON

**ATTIRE: COMFORTABLE SHORTS/PANTS, T-SHIRT WILL BE PROVIDED
TO WEAR FOR THE PERFORMANCE**

**COST: \$30 - INCLUDES T-SHIRT, PIZZA AND SNACK, AND ADMISSION
INTO THE GAME**

- **QUESTIONS: CONTACT JENNIFER DUESTERHAUS (217) 316-2046 OR
EMAIL: QNDPOMCOACHES@GMAIL.COM**
- **PRE-REGISTRATION NOT REQUIRED BUT RECOMMENDED BY
SEPTEMBER 13TH**
- **IF NOT PRE-REGISTERED, WE CANNOT GUARANTEE SHIRT SIZE OR
COLOR**

**MAIL CHECKS PAYABLE TO QND POM PON AND COMPLETED FORM
TO:**

QUINCY NOTRE DAME HIGH SCHOOL

ATTENTION: POM PON

1400 S. 11TH

QUINCY, IL 62301

PLEASE FILL OUT INFO ON THE BACK

Name: _____

Grade/Age: _____

School: _____

Emergency Contact: _____

Phone: _____

T-Shirt: Youth _____ **sm** _____ **med** _____ **lrg** _____ **xl**

Adult _____ **sm** _____ **med** _____ **lrg** _____ **xl**

T-Shirt Color: _____ **Light Blue** _____ **Lime Green** _____ **Neon Orange**

In consideration of the permission granted to my child by Quincy Notre Dame High School, Quincy, Illinois, to participate in QND Pom Pon camp on Friday, September 20, 2024, I hereby release and discharge QND, its agents, employees, and officers from all claims, demands, and actions which the undersigned everhad, or now has, or may have, or which the injuries, known or unknown, and injuries to property caused by, or arising out of the above-described sports activity. I further acknowledge that have adequate medical insurance to cover any medical costs relating to injury or accident arising from participation in the above sports activity. In case of injury to my child, permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray, examinations, and immunizations. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If communication with said physician is not possible, I hereby authorize the treatment necessary for the best interest of my child.

Date: _____

Parent/Guardian Signature _____