

# QND POM CAMP

## FRIDAY, DECEMBER 6TH

**5:30PM - END OF HALFTIME**

WHO: Girls in Pre-School – 8th Grade (Age 3 and up)

WHEN/WHERE: Check in 5:30–5:45pm in QND Lobby, Varsity Game starts around 7pm, Parents will pick up girls in the Multipurpose Room after Halftime

ATTIRE: Comfortable shorts/pants, t-shirt will be provided to wear for the performance

COST: \$30 – Includes t-shirt, pizza & snack, and admission into the game

## WE WILL BE PICKING A NEW POM MASCOT!!!

To guarantee T-shirt size, please return by November 29th

If not pre-registered, we will have additional t-shirts just not guaranteed size.

Questions: Contact Jennifer Duesterhaus (217) 316-2046 or

Email: [qndpomcoaches@gmail.com](mailto:qndpomcoaches@gmail.com)

Pre-registration not required but recommended

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



Name: \_\_\_\_\_

Grade/Age: \_\_\_\_\_

School: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

T-Shirt: Youth \_\_\_sm \_\_\_med \_\_\_lrg \_\_\_xl

Adult \_\_\_sm \_\_\_med \_\_\_lrg \_\_\_xl

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, December 6, 2024, I hereby release and discharge QND, its 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, 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 \_\_\_\_\_