

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

ALLERGIES or MEDICAL CONDITIONS:

List Allergies and/or Medical Conditions _____

In the consideration of the permission granted to my child by Quincy Note 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