

CAMP LASSITER 2018 - REGISTRATION FORM
(please complete and sign all sections below)

NAME _____

GRADE 2018/2019 _____ SCHOOL _____

CIRCLE CAMP T-SHIRT SIZE: Youth: SM MED LG Adult: SM MED LG

Camp Sibling(s) Name(s) _____

Parent Email: _____

Parent #1 _____ Mobile # _____

Parent #2 _____ Mobile # _____

EMERGENCY CONTACT (other than parent)

Name _____ Mobile # _____

Existing Medical Conditions: _____

Attending with a friend that you like to be in the same group with? Please write name below.

(same grade level only – forms DO NOT need to be mailed in together, however, both parties must make the request to guarantee placement in the same camp group)

NAME _____

FEES:

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|---|
| <p>\$75 (First Child) \$70 (Each Sibling) After 5/28/18 – add \$5 Walk-ins: \$85 each</p> |
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| <p>Check Payable to: Trojan Cheer Club</p> <p>Mailing Address: Amy Floyd – Camp Lassiter 4153 Woodlark Court Roswell, GA 30075</p> |
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Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities prepared by Lassiter Cheer during the camp. I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Lassiter Cheer, and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from the camp. In case of injury to said child, I hereby waive all claims against Lassiter Cheer, including all coaches and affiliates, participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including cheerleading.

Parent/Guardian Signature _____

Medical Release and Authorization

As Parent and/or Guardian of the named athlete, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to Lassiter Cheer and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child's admission to the medical facility. Release authorized on the dates and/or duration of the registered season. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Parent/Guardian Signature _____

Photo Release

I give my permission for my child's likeness to be used in future publication, including the Lassiter Cheer website, flyers, brochures, and other advertisements or promotional materials.

Parent/Guardian Signature _____