



Keystone Winter Cheer Camp

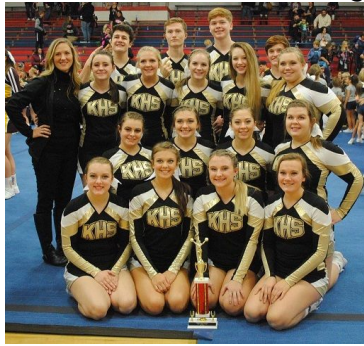
January 25, 2019

3:40-8:00pm (end of halftime performance)

Boys & Girls Kindergarten-6th grade

Location: Keystone Elementary Gym/Cafeteria and
Keystone High School Gym

Performance during 1st and 2nd quarters of Varsity Boys' Basketball game
Featuring PIAA State Semi-Finalist & District 9 Champions the Keystone Varsity Cheerleaders,
the JR. High Cheerleaders and coaches!



Cost:

- \$25 per participant
- \$10 discount for each additional sibling.

Perks of being an Elementary Cheerleader:

- Dinner provided
- Original camp T-shirt (if registered by Friday, January 11th)
- Admission to & cheering at first half of the Varsity basketball game on January 25, 2019
- Learning chants, cheers, dances, jumps & stunts from the Keystone Cheerleaders

*If your child normally rides the bus home, you **MUST** send a note to the Elementary office that permits him/her to stay for the camp. Otherwise, his/her teacher is **REQUIRED** to put him/her on the bus as usual.

Free admission to the January 25th Varsity basketball game is **NOT included for parents/spectators.

SPECIAL NOTES: At the end of halftime, **PARENTS MUST SIGN THEIR CHILD OUT** in the high school auxiliary gym.

All campers MUST be pre-registered by January 11, 2019 to receive the original camp T-shirt.
Please submit these **COMPLETED** forms (attached) with a check made payable to KCB (Keystone Cheer Boosters) in a **SEALED** envelope to Keystone Elementary Main Office or Kami Coursen at Keystone High School. **KEEP THIS PAGE** for reference!!! Hope to see you on January 25th!!!!

Keystone Elementary Fall Cheer Clinic Registration Form

THIS FORM: Complete 1 (ONE) REGISTRATION FORM PER FAMILY

***if more than 5 children participating, contact Kami at 814.229.6112**

All campers MUST be pre-registered by January 11th to receive the original camp T-shirt.

Please submit these COMPLETED forms with a check made payable to KCB (Keystone Cheer Boosters) in a SEALED envelope to Keystone Elementary Main Office or Kami Coursen at Keystone High School.

Participant (siblings) Names	Circle T-Shirt Size	Grade/Teacher	Cost
_____	YS YM YL AS AM AL	_____	\$25
_____	YS YM YL AS AM AL	_____	\$15
_____	YS YM YL AS AM AL	_____	\$15
_____	YS YM YL AS AM AL	_____	\$15
_____	YS YM YL AS AM AL	_____	\$15

TOTAL SIBLINGS ATTENDING: _____

TOTAL DUE: \$ _____

List the name & phone numbers of anyone who has permission to pick these campers up:

Name	Phone #
_____	_____
_____	_____
_____	_____
_____	_____

Make sure those listed above have their ID when picking up campers.

****Returned Checks: A \$50 fee will be charged for all checks returned from the financial institution for any reason, including insufficient funds and/or closed account.***

PHOTO/MEDIA Release Form for Keystone Cheerleading Fall Camp

THIS FORM: COMPLETE 1 (ONE) PHOTO/MEDIA RELEASE FORM PER FAMILY

By **NOT** checking the box below, I understand pictures *might* be taken of my child(ren) as “action shots” by the Keystone Elementary Cheer Camp for promotion of positive community youth development in/on newspapers, flyers, website and all other media types.

By checking this box, I do NOT give my permission for my child(ren)’s likeness(es) to be used in any media format.

Minor’s Name(s): _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Please include parent(s) email address(es) and/or cell number(s) so that we can keep you informed of any camp changes or announcements via email and/or REMIND text messaging service.

Parent/Guardian Last Name: _____ First Name: _____

Email: _____

Cell Phone: _____ Other Phone: _____

Parent/Guardian Last Name: _____ First Name: _____

Email: _____

Cell Phone: _____ Other Phone: _____

PLEASE NOTE: EACH participant must have their OWN completed MEDICAL RELEASE FORM (next pages attached). IF NOT returned with registration forms, these forms MUST BE COMPLETED at CHECK-IN ON THE DAY OF CAMP (or your child will have to sit out of participating until it is). Copies of medical release forms will be in elementary main office and on the elementary website.

Keystone Cheer Camp/Clinic MEDICAL RELEASE Form

THIS FORM: COMPLETE 1 (ONE) MEDICAL RELEASE FORM PER PARTICIPANT

Name of Participant _____ Grade completed _____

COMPLETE ALL SECTIONS & PLEASE PRINT LEGIBLY (your child will be held out of participating until completed)

1. Home Address _____ Date of Birth _____

City: _____ State _____ Zip _____

2. Father/Guardian _____ Mother/Guardian _____

Address _____ Address _____

Telephone (_____) _____ Telephone (_____) _____

Employer _____ Employer _____

Telephone (_____) _____ Telephone (_____) _____

In an emergency, please indicate another person that is likely to know how to contact you:

Name _____ Relationship _____ Telephone(_____) _____

If you plan to be away from home the week your son/daughter is in camp, please indicate times and procedure that you may be contacted. _____

FEES FOR MEDICAL TREATMENT INCURRED BY YOUR SON/DAUGHTER WHILE AT CAMP WILL BE THE RESPONSIBLE OF THE PARENT/GUARDIAN. AN INSURANCE POLICY WILL NOT BE INCLUDED IN THE CAMP FEES. IF YOUR SON/DAUGHTER SHOULD REQUIRE MEDICAL TREATMENT WHILE AT CAMP, AND YOU WISH THE COST FOR TREATMENT TO BE COVERED UNDER YOUR MEDICAL INSURANCE PLAN, PLEASE PROVIDE THE FOLLOWING INFORMATION. YOU MAY WISH TO INCLUDE PHOTOCOPIES OF YOUR MEDICAL CARDS.

3. Basic Medical _____ Major Medical _____

Company or Plan _____ Company or Plan _____

Telephone _____ Telephone _____

Policy Number _____ Policy Number _____

Group Number _____ Group Number _____

Is the athlete on any medication of any kind? Yes No

If YES, please list medication(s), reason for taking, and any special instructions: _____

(con't medical release form: 1 per participant)

Drug Allergies or Sensitivities: _____

Other Allergies (FOOD ALLERGIES): _____

Does the athlete require special medical needs? Yes No

If YES, please explain: _____

INFORMED CONSENT FORM

_____ (student name) has parental consent to participate in the Keystone Cheerleading Camp/Clinic including KSD school bus transportation to the high school. By signing this form, the parent acknowledges the risks involved in cheerleading and understands that the Keystone School District will not be held responsible for any injury, damage or stolen items. The parent or guardian assumes full responsibility for any injury or damage to his/her child through his/her insurance or hospital plan. If the parent/guardian does not sign this form relieving Keystone School District, its coaches, certified athletic trainers, student athletic trainers, administrators, and other school officials from all responsibility regarding any injury or damage sustained during participation in this cheering event, his/her child will not be permitted to participate in that activity.

(signature of parent/guardian) (signature of parent/guardian) (date)

**Please read BOTH OPTIONS below & sign the ONE of your choice
DO NOT SIGN MORE THAN ONE!**

Both parents/guardian should sign one of the following options. If one parent is unavailable to sign, the signature of the available parent is sufficient. However, if the parents are separated/divorced, the parent(s) having custody during the camp should sign. If the participant has a legal guardian(s), the guardian(s) should sign.

OPTION #1: If my son/daughter needs medical attention while at cheer camp/clinic at Keystone High School, it is my wish that I be contacted before any medical procedures are performed, unless immediate emergency treatment is necessary to save my son/daughter's life, or to prevent permanent debilitating injury.

(Parent(s)/Guardian(s) Signature) (Parent(s)/Guardian(s) Signature) (Date)

OR

OPTION #2: If my son/daughter needs medical attention while at cheer camp/clinic at Keystone High School, it is my wish that the treatment be begun while efforts are being made to contact me. So that treatment will not be delayed, I consent to any medical procedures that the attending physician believes to be appropriate, with the understanding that efforts will continue to be made to contact me. I also accept responsibility for all costs related to such treatment.

*Exceptions. If there are any medical procedures that you do not want performed until you are contacted, please list them in this space provided. Otherwise, write "none": _____

(Parent(s)/Guardian(s) Signature)

(Parent(s)/Guardian(s) Signature)

(Date)