

Safford Spiritline Presents: MINI CHEER CAMP!

Camp Date: Tuesday & Wednesday, June 7-8

Location: SHS Main Gym

AGES 4 and UP

Time: 8-11 am

Cost: \$50 Cash Only



Campers will receive a Shirt and Bow.

Please fill out the registration form and return with camp fee by the day of camp at Safford High School Main Gym.

Performance Date: Wednesday, June 8. Please arrive @10:30 am to the SHS small gym for camp performance.

For camp, campers should wear sneakers, athletic shorts or yoga pants and have their hair pulled back. You may bring a snack and water bottle!

***For more info, email**

Coach Mandy at mmuenchow@saffordusd.com or

Coach Jody at jjudd@saffordusd.com.

SHS Spiritline Mini Cheer Camp Registration & Insurance Form

Camper's Name: _____ **Age:** _____ **DOB** _____

My child, _____, has my/our permission to participate in the Safford High School Mini Cheer Camp. By signing this form, I am verifying that my child has current medical insurance.

Release From Liability

As a parent or guardian of the clinic participant, I am aware of the risk of physical injury to my child. As a condition to my child's participation in the Safford Spiritline Clinic activities, I hereby release the Camp Staff and the Safford School District from all medical liability arising from any injuries that may be sustained to my child due to his or her participation in the Safford Spiritline Clinic.

I hereby grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to my child as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event my child should be injured, or stricken ill while participating in this school sponsored event. I certify we have medical and hospital insurance to cover my child. Below is my insurance information:

Name of Company _____ Policy # _____

Address of Company _____ Group # _____

Family Doctor _____ Doctor's Phone _____

Location _____

Parent/Guardian Printed Name Parent Guardian Signature Phone # Date

Emergency Contact Name: _____ Phone# _____

Indicate any special health conditions _____