



NAMPA CHRISTIAN CHEER TEAM'S MINI TROJANS CAMP

CAMP DATE: 11/30, 12/1, & 12/2

CAMP TIME: 3:30PM TO 5:00PM

LOCATION: AUXILARY GYM @ ORCHARD CAMPUS

Halftime performance at the Varsity Basketball game 12/2/22 at the Flamingo Campus. Game starts at 6:30PM.

Our Mini Trojans Camp is available for children in 1st through 5th grade. Please bring a snack and a water bottle labeled with your camper's name. All campers must pay the \$50 registration fee and complete this form. Fee includes a Camp T-Shirt and a cheer bow. ***Youth metallic pom poms are available for an additional fee of \$10.**

The deadline for camp registration and payment is MONDAY, NOVEMBER 7TH! Checks should be made out to Nampa Christian Schools with "Cheer Camp" in the memo box.

Please drop off your registration form and payment to the Front Office Staff at the Elementary/Orchard Campus.

Thank you for supporting your Nampa Christian Cheer Team!

MINI TROJANS NAME _____ AGE _____

PARENT'S NAME _____ PHONE # _____

ALLERGIES _____

SHIRT SIZE (Y-YOUTH/A-ADULT): YXS YS YM YL AS AM AL

POMS: YES/NO

WILL THIS CAMPER HAVE A SIBLING AT CAMP? YES/ NO

NAME OF SIBLINGS AT CAMP? _____

PAID: CASH CHECK

Notice and Assumption of Risk: As a parent or legal guardian of the above-named person(s), I give my consent for my daughter(s) to participate in the Mini Trojans Camp at the Orchard Campus and performance at the NCHS Varsity Basketball game the evening of 12/2/22 at the Flamingo Campus. I understand that participation may result in unavoidable injuries (strains or sprains). I am fully aware of the risks and possibility of injury involved.

Special Needs/Parent's Wishes: If your daughter(s) has an allergy or other medical or special needs, please write them out, sign them, attach them to this sheet and initial below. Please understand that such special needs may prevent a young girl(s) from participating in this activity. Also, if you do not wish for your daughter(s) to participate in a particular aspect of this event, please attach a statement to that effect and initial below.

Special student information attached. Parents initial here: _____. If you initialed this space, please also communicate your wishes to your daughter(s). Thank you.

Parent/Guardian Permission for Participation: I have carefully read all the above information and understand all the information, risks, and conditions for this event.

Parents/Guardians please initial:

_____ I give permission for my daughter(s) to participate and agree to the terms for this activity. I am aware of risks to my daughter(s) connected with this activity. Any special needs or restrictions are noted. If the specific activity requires a separate assumption of risk form, I have read and signed that form as well.

In case of an accident, illness, or other emergency, I/we request that the school contact me/us. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter. I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian Printed Name: _____