



CHEERLEADING WAIVER FORM

To participate in the Little Champs Cheer Camp, **BOTH** sides of this form must be completed and submitted as part of registration.

Participant Information

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cheerleader _____ Parent's Email: _____

Cell Phone #: _____

Age: _____ Grade (for 2019-20): _____ Birth Date: _____

Emergency Information

Parent/Guardian Name: _____

Parent/Guardian Phone No: _____

Alternate Name: _____

Alternate Phone No: _____

Alternate Relationship: _____

Hospital of Choice: _____ Family Doctor: _____

Insurance Provider: _____ Group Number: _____

Insurance Phone No: _____ Policy Number: _____

Please list any allergies or medical problems pertinent to your child's care:



Complete Other Side

**Upper Dauphin Area
School District**

Varsity Cheerleading

Contact Information:

**Main Office
717-362-8181**

**Marcia Schell,
Head Coach
717-585-2041©
717-362-6476(w)**

**Ashley Deibert,
Assistant Coach
717-329-8382©**

**Emilee Schell
Assistant Coach
717-443-6776**

**Fax
717-362-8088**

Email

schellm@udasd.org

**Mailing Address:
175 Lawley Road
Lykens, PA 17048**

Releases

Emergency Medical Release

In the event of an emergency requiring medical attention, I hereby grant consent to a physician, athletic trainer and/or other qualified medical personnel to provide medical treatment to and/or transport my child (named on reverse side). I understand that every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken. However, in the event of an emergency and if I cannot be reached, I give my consent to the medical care provider to perform any necessary emergency treatments. I agree to release any records necessary to the appropriate medical care provider for the purpose of treatment, referral, billing or insurance purposes.

Parent/Guardian Signature

Date

Liability Waiver

In consideration for registration of my minor child (named on reverse side) to the Little Champs Cheer Camp, I do hereby agree to release, discharge and hold harmless, the Upper Dauphin Area School District, its officers, agents, employees and booster organizations of and from all causes, liabilities, damages, claims or demands resulting from injury or accident involving said my minor child while attending or participating in the camp. I understand that all participants of Upper Dauphin Area School District clubs/clinics/camps must be covered by medical insurance and that the District does not provide such insurance for clubs/clinic/camp participants.

Parent/Guardian Signature

Date

Photo Release

I authorize the Upper Dauphin Area School District to photograph, videotape and/or audiotape my child in promotion of the District's clubs, clinics and camps.

Parent/Guardian Signature

Date



Questions

For questions about Little Champs Cheer Camp, please contact the contact persons listed on the brochure. If you are unable to obtain the information you need, please contact the Upper Dauphin Area High School at 717-362-8181.