2018 Lake Norman Charter School

Cheer Camp Registration

Grades: Rising 1st graders- Rising 8th graders

June 11-15 OR August 6-10

Both camps will be at Lake Norman Charter School and will run from 9am-Noon *Please do not drop off before 8:45am*

Please send check or money order (payable to LNC ABC) in a sealed envelope along with this form filled out completely on BOTH SIDES OR Turn in to Mrs. Locke at LNC Middle School Address the envelope: LNC Cheer Camp Registration

Attn: Jessie Locke

Attil: Jessie Locke

12025 Serenade Ct. Charlotte, NC 28215

Questions: Contact: lncscheer@gmail.com

Child's Name Age	Name of Parent/Legal Guardian	
Date Attending:		Cost:
Circle t-shirt size:		\$85 per child
Y-S Y-M Y-L Y-XL A	A-S A-M A-L	Any additional children per family are \$75 each.
Address	Home Phone	Attend both camps for \$150/camper
City, State, Zip	() Cell Phone	
Family Doctor	() Work Phone	
() Doctor Phone Number	Emergency Contact if other than parent	
Recommended by (If applicable)	() Emergency Contact Number	
E-Mail Address (required):		
Allergies/Medical Concerns:		

Important Information:

- Your child will be performing on the last day of camp at 11:15 am.
- Please dress your child in comfortable attire for cheerleading. T-shirt/Tank top, shorts, <u>tennis</u> shoes and socks should be worn.
- Please be prompt in dropping off and picking up your child.
- Your child will be invited to perform with the LNC cheerleaders at a LNC home football game!!

GO KNIGHTS!!

LNCS Cheer Camp Release Form

Participation Agreement

As parent/legal guardian, I realize the risks in injuries involved in the sport of cheerleading, and I agree to hold harmless Lake Norman Charter School Cheerleading Camp organization or support groups of this organization, along with their instructors and volunteer staff, for any and all injuries and/or losses incurred by my child while participating in this camp and I voluntarily assume all such risks. I further agree not to pursue any claims for accident or injury against Lake Norman Charter School or any other support groups or this organization, their respective officers, agents, representatives, successors, and/or assigns for any and all damages which may be sustained and suffered by my child in connection with this camp.

I grant to any representative of Lake Norman Charter School Cheerleading Camp to give permission, consent and approval to any doctor, nurse or hospital to provide normal or emergency medical treatment (including anesthesia) as deemed necessary and in the best interest of my child while participating in this camp. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

Child's Name

Parent/Guardian Signature	
	Date

Print Name _____

Photo Release

As a parent/legal guardian, I give permission for my child to be in photographs taken during the cheer camp. I understand that these will be taken during group activities and may or may not be posted on the LNCS cheerleading website. I agree that my child's picture can be used to promote future cheer camps without their name being attached to the photographs.

Child's Name

Parent/Guardian Signature

Date____

Print Name