2022 SHG Junior Cyclones Cheer and Poms Camp

When: October 3rd, 4th and 7th
Where: SHG EAST CAMPUS
(Game day (Oct. 7th) will be at Leonard Stadium)

Times:

Monday, October 3rd **POMS** Ages 5-7: 5-6:15 Ages 8+ 6:30-8

Tuesday, October 4th **CHEER** Ages 5-7: 5-6:15 Ages 8+ 6:30-8

Friday October 7th: Meet at the baseball fields at the start of 2nd quarter. Pickup after halftime of Game (North Side of Field by Jumbotron)

<u>CAMP FEE:</u> \$55.00 payable by check to SHG (please put for Junior Cyclones Camp in the "FOR" field), Cash, or Venmo (@SHGCheer)- to guarantee your tshirt and cheer bow will be ready on the day of camp please pay no later than 9/26/22.

Walk ins are welcome the day of camp, but shirt and bow may not be available. K-8th Graders welcome.

<u>Payment and Registration:</u> May be mailed to Melissa Boatman, 209 Natchez Trace, Springfield, Il 62711 or Venmoed to @SHGCheer and emailed to <u>shgcheerandpoms@gmail.com</u>

COVID Waiver: All participants will need to return the attached COVID waiver with their registration in order to participate this year.

All participants will learn a halftime dance, cheer and stunt, receive a tshirt, bow, and will get to perform at Halftime of the SHG Varsity Game against Chatham on Friday October 7th. Please wear comfortable and weather/athletic appropriate clothing for clinics. On game day please wear the camp shirt, black bottoms and hair in a ponytail with a bow.

REGISTRATION FORM:

Participant's Name:	Grade:_	School:	
Mother's name:			
Home address:			
City:	State:Zip Code	»:	
Emergency Contact Number	Emerg	gency Contact Name:_	
Parent's email:			
T - Shirt Size: Child S M L	Adult S M L		
I hereby give permission to SHG Ch purposes (Initial)	neer to photograph and/or vio	deotape the student fo	or educational or promotional
REQUIRES PARENT'S SIGNATURI You have our permission, in the eve		asa wa ara unawailahle	a to authorize any physician, nurse
practitioner or medical personnel t			
child		-	-
cinia		as they may deem au	visable.
Allergies/Health concerns (specify)	:		
Doctor	Phone number		
Insurance Carrier	Policy number		Hospital:
			is in good mental and physical
health condition to participate in the limited to all aspects of cheerleading activity creates the possibility of se	ig/dance. I am fully aware tha	at any activity involvir	
	,		n injury to the person or property of
the above named athlete occurring	-	a aumous arising from	injury to the person of property of
Parent/Legal guardian name (Print)		Date
Parent/Legal guardian Signature			Date

Waiver of Liability and Assumption of the Risk Form Relating to Coronavirus/COVID-19

The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, Illinois, and local governments and public health agencies have issued requirements and guidelines, including without limitation, the Illinois Department of Public Health and the Illinois State Board of Education Sports Safety Guidelines. Sacred Heart-Griffin has enacted measures for student athletic programs, practices and activities consistent with those requirements and guidelines to reduce the spread of COVID-19; however, Sacred Heart-Griffin cannot guarantee that you will not become infected with COVID-19. Further, attending or participating in any such athletic program, practice or activity could increase your risk of contracting COVID-19. By signing this form, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 while participating in and attending such athletic programs, practices or activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation and/or attendance at such athletic programs, practices and activities ("Claims"). On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Sacred Heart-Griffin, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Sacred Heart-Griffin, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending any such athletic programs, practices and activities.

Participant's Signature		
Date		
Participant's Printed Name		

PARENTAL CONSENT: I am the minor's parent or guardian named above and I understand the nature of the Waiver of Liability above and verify and consent to the minor attending the Sacred Heart-Griffin athletic programs, practices and activities. On the minor's behalf, I hereby release, covenant not to sue, discharge, and hold harmless the Sacred Heart-Griffin, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. On behalf of the minor, I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Sacred Heart-Griffin, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participating in or attending any Sacred Heart-Griffin athletic programs, practices and activities.

Parent/Guardian Signature

Date

Age

Printed Name of Parent/Guardian