

# SUMMER CAMP 2017

## August 13-16

Location: Bryn Mawr

Cost: \$279 Resident (plus additional camp wear and transportation fees).

*CREDIT CARD, CASHIERS CHECKS OR MONEY ORDERS ONLY!*

Checks made payable to: *NCA Summer Camps*

- \$100 deposit due *May 24*

Deposits are non-refundable and must be paid with registration

- \$179 balance due by *June 7*

50% refund on paid fees (less the deposit of camp) if notified before start of camp

### Transportation: Group

Following the return of all forms, Ms. Kawczak will send out an E-mail to parents providing information.

Transportation costs will be in addition to the cost of camp.

### Open Gym:

Open gyms will be held on Wednesdays: May 3, 10, 17, 24, 31; June 7; July 12, 19, 26; and August 2 & 9 in order to prepare athletes for camp & the upcoming season.

### Every athlete must give the following to Ms. Kawczak by May 24:

- parental consent form
- payment form & \$100 Deposit
- NCA release form
- physician's certificate of good health (a copy of your most recent physical)

Please contact Ms. Kawczak with any questions regarding camp.

E-mail: [DevilNationCheer@gmail.com](mailto:DevilNationCheer@gmail.com) Phone: 207-2000 ext 2133

# SUMMER CAMP 2017

## Parental Consent Form

I \_\_\_\_\_ authorize my child \_\_\_\_\_

Parent/ Guardian's Name

Prospective Cheerleader's Name

to attend NCA Cheerleading Summer Camp at Bryn Mawr on August 13-16, 2017. I understand that prospective cheerleaders will order camp wear and take group transportation at an additional cost. In addition, I agree to pay a total of \$279 in full no later than June 7, 2017.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Guardian Contact Information:

Name (s): \_\_\_\_\_

Home Phone #(s): \_\_\_\_\_ Cell Phone #(s): \_\_\_\_\_

E-mail(s): \_\_\_\_\_

### Cheerleader Information:

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Insurance ID #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Medical Conditions or Allergies:* \_\_\_\_\_

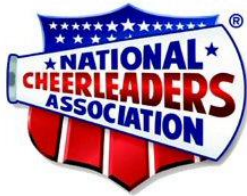
### Emergency Contact Information:

*In the event that the Guardian cannot be reached, who would you like us to contact?*

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_



# SUMMER CAMP 2017

## Payment Form

*Please return this completed form with each of your payments.*

**Cheer Camp Participant Name:** \_\_\_\_\_

**Method of Payment: Check One**

- Credit Card       Money Order       Cashier's Check

**Amount Paid: Check One**

- \$100 Deposit due 5/24     \$179 Balance due 6/7       \$279 Paid in Full

**Complete if paying by credit card: check one**

- American Express     Discover       VISA       MasterCard

*If paying with credit card, please return the credit authorization form to Coach Kawczak.  
Coach Kawczak will send each individual's credit card form to NCA via fax.*

## Cheerleader Camp Wear Sizes

Write your size on the lines below.

Sizes Offered:      Adult S      Adult M      Adult L      Adult XL

\_\_\_\_\_ T-shirt      \_\_\_\_\_ Fitted Tank Top      \_\_\_\_\_ Shorts

*Some apparel is offered in youth sizes as well as XXL, XXXL. If you would like to order any of these, please specify on the line.*



# NCA & NDA CREDIT CARD AUTHORIZATION FORM

School Name: Columbia High School

Coach Name: Christine Kawczak

Customer Number: 31171000 Invoice Number: 539559 (grades 7-9)  
539558 (grades 10-12)

Event/Session Code: BRYN II NCA

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Amount to Charge: \_\_\_\_\_

Signature: (as name appears on credit card)

Your credit card will be charged the amount specified above. Please re-read the payment schedule and information pertaining to refunds, cancellations and credit card charges. By submitting this authorization form you acknowledge and accept its contents.

For your security, please do not email this form. Complete and return by fax or mail.

FAX completed form to:  
972.840.4054

MAIL completed form to:  
NCA & NDA Registrations  
2010 Merritt Drive  
Garland, TX 75041



# NCA and NDA SUMMER CAMP PARTICIPANT RELEASE AND WAIVER



Type: PWI

Every Participant must have a completed and signed release form to turn in at registration on the first day of camp to participate. **ALL areas must be completed.** Please photocopy and distribute to each person attending. Coach must retain a copy of each form to keep them with the team throughout the event.

**8/13/17 - 8/16/17**

Minor's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State & Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Participant Email Address \_\_\_\_\_

Name of Parent / Legal Guardian \_\_\_\_\_  
 Parent/Legal Guardian Cell Phone Number \_\_\_\_\_  
 Parent/Legal Guardian Email Address \_\_\_\_\_  
 Parent/Legal Guardian Home Phone Number \_\_\_\_\_

Camp Dates \_\_\_\_\_ Graduation Year \_\_\_\_\_  
**Lake Bryn Mawr**  
 Location where you will attend camp, City, State \_\_\_\_\_  
**Columbia HS**  
 School/Group Name \_\_\_\_\_  
**962 Luther Rd E. Greenbush, NY 12061**  
 School/Group Address, City, State, Zip \_\_\_\_\_

Yes, you have my permission to send me updates/newsletters from Varsity!

Participant Type:  Cheer  Dance

**Liability Release.** For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I \_\_\_\_\_, as a parent or legal guardian of \_\_\_\_\_, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above camp to be conducted by Varsity Spirit LLC (Varsity Spirit) d/b/a National Cheerleaders Association ("NCA") and/or National Dance Alliance ("NDA"). I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless Varsity Spirit, Varsity Spirit's Corporate Sponsors (hereinafter "Sponsors"), the Hosting Site, (university, hotel, convention center, high school) on whose premises the Camp will occur (hereinafter the "Location") the affiliates of Varsity Spirit, the Location, and the respective directors, officers, representatives, members, agents and employees of Varsity Spirit, Sponsors, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability, whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that Minor may incur or sustain during the Camp, all activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss of costs Releasees may have to pay as a result of any such action, claim, or demand.

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

**X** Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Release.** I, in my own behalf and on behalf of minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the camp. In the event of such illness or injury, I authorize Varsity Spirit to obtain necessary medical treatment of the minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

**Appearance Agreement.** I understand that Varsity Spirit d/b/a NCA and/or NDA from time to time produces promotional material relating to its programs. I understand that as a participant and/or a spectator at the Camp, Minor may be included in videotapes, photographs, DVDs, podcasts, and videocasts taken during the Camp. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to Varsity Spirit d/b/a NCA and/or NDA, its successors, assigns, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor and to utilize such videotapes and photographs and Minor's name, face, likeness, voice and appearance as part of the Camp, in advertising and promoting the Camp or in advertising and promoting similar future events. I further understand that neither Varsity Spirit nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. I, in my own behalf and on behalf of Minor, waive any right to inspect or approve any materials related thereto.

**Camp Rules.** I further acknowledge and understand that Varsity Spirit has established rules and regulations pertaining to conduct, behavior and activities of all Camp participants by which Minor and I agree to abide during the Camp, and that Minor and I will be responsible for his/her/him failure to abide by those rules and regulations. Minor and I have received, read and understand the Camp rules. Minor and I understand that violation of the rules can result in dismissal from Camp with no refund. Minor and I understand that Sponsors may distribute samples of their products at camp.

**Insurance and Payment.** We offer an accident policy to all students for a \$5.00 premium. The policy has no deductible and pays up to \$1,000 of medical expenses, regardless of other insurance coverage. (Charges due to illness and preexisting injuries are not covered and will be billed directly to the parent). All students who do not have insurance must purchase the Camp Accident Policy. This policy or other proof of insurance, is usually required to obtain medical treatment as we strictly adhere to this insurance requirement. Please check one of the following:

YES, I want the Camper's Accident Insurance Policy, and I will bring \$5.00 premium to registration at Camp. (Not available at Home Camps)

NO, I elect not to purchase the Camper's Accident Policy, and my insurance company, in the event of an accident, is listed below. If "NO" is checked, complete the information below. WE MUST HAVE THE POLICY NUMBER.

Insurance Company: \_\_\_\_\_ Insurance Company Address: \_\_\_\_\_

Medical Insurance Policy/Group Number - REQUIRED: \_\_\_\_\_ Insurance Company Phone #: \_\_\_\_\_

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Camp and that he/she shall consume the prescribed dosage for such medications. Varsity Spirit will not administer or supply any type of medication at camp.

Medications (if any): \_\_\_\_\_

Allergic to (if any): \_\_\_\_\_

I acknowledge that the Minor suffers from the following conditions: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ Minor Birthdate: \_\_\_/\_\_\_/\_\_\_

**Emergency Information:** Name to contact: \_\_\_\_\_ Em Contact Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone Number: ( ) \_\_\_\_\_

Daytime Telephone: ( ) \_\_\_\_\_ Evening Telephone: ( ) \_\_\_\_\_

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Camp will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

**X** Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

**X** I, identified above as Minor, acknowledge that I have read this Release and Waiver form. Signature of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Address: \_\_\_\_\_ Date: \_\_\_\_\_

