

Hurry and Register- Space is Limited  
Return in sealed envelope to Double D's, labeled:  
Mini Cheer Camp – Attn: Cheer Coach  
**Due: July 1, 2024**

**Kalama Fair MINI CHEER CAMP  
Registration Form**

**July 15, 16 & 17 5pm to 7pm (practice at fair grounds) & July 20,  
parade @ 11 (Downtown) and performance @ 1:00 (Stage @  
Fairgrounds)**

Please fill out this form completely and return it in with your check or money order in the amount of \$40 no later than **July 1, 2024** to guarantee a T-shirt.  
Please make checks payable to Kalama Cheer Boosters.

**PLEASE PRINT ALL INFORMATION:**

If you are registering more than one camper, please use separate registration forms.

Camper's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Age: \_\_\_\_\_ **Grade:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**#1 Parent/Guardian** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

**#2 Parent/Guardian** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Alternate Contact Information (In case of emergency and parent cannot be reached.)**

1<sup>st</sup> Alternate Contact Person's Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
2<sup>nd</sup> Phone number: \_\_\_\_\_

2<sup>nd</sup> Alternate Person's Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
2<sup>nd</sup> Phone number: \_\_\_\_\_

**T-Shirt Size** (Please circle your child's size): Youth Sm (6-8) Y Med (10-12) Y Lg (14-16)

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Adult Sm    Adult Med    Adult Lg

**Liability Waiver**

I understand that my child, ( \_\_\_\_\_ ) will be participating in the Kalama Fair Mini Cheer Camp on July 8, 9 & 10 2024. Since this is a voluntary program, I will not hold the Kalama School District, Kalama Fair, volunteers, staff members, or cheer team members liable for any accidental injury, which may occur. In case of a medical emergency, I give consent for my child to be treated at the nearest emergency room.

Please list any allergies or health concerns we should be made aware of for your child, and any required special medications or treatments: \_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_

**Parent/Guardian, please check the appropriate box. Fill in the insurance information.**

- Student has current insurance coverage
- Student does not have current insurance coverage

Insurance Company: \_\_\_\_\_  
Group # \_\_\_\_\_ ID# \_\_\_\_\_

The staff will take every necessary precaution to make these events safe and enjoyable. In case of accident or illness, I request the Coach contact me at the number(s) listed. If they are unable to reach me, I hereby authorize the Coach to take whatever action(s) they deem necessary.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The Kalama School District does not sponsor this event and the District assumes no responsibility for it. In consideration of the privilege to distribute materials, the School shall be held harmless from any cause of action filed in any court or administrative tribunal arising out of the distribution of these materials, including costs, attorney's fees and judgments or awards.