

# Kalama Fair Mini Cheer Camp Registration Form

Practices: July 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> from 5:30 pm – 7:30 at Haydu Park

July 12<sup>th</sup>: Parade (downtown) and Fair Performance

Cost: \$50

Please fill out this form completely and return it to the Kalama Middle/High School Office  
no later than June 6, 2025, to receive a t-shirt for performances.

Payments can be made by cash or check, payable to Kalama High School ASB.

Open to those entering Kindergarten through 8<sup>th</sup> grade next school year!

PLEASE PRINT ALL INFORMATION:

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

Camper Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Parent/Guardian Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_

Secondary Contact Number: \_\_\_\_\_

Alternate Contact Information (in case of emergency and parent cannot be reached):

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

Contact Number: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

## Liability Waiver

I understand that my child, \_\_\_\_\_, will be participating in the Kalama Fair Mini Cheer Camp on July 7, 8, 9, & 12, 2025. 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:

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Is there anything else we should know about your child?

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

- ☐ Student does not have current insurance coverage
- ☐ Student has 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 to 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 Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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