

ASHLEY



SCREAMING EAGLES

2016

ASHLEY HIGH SCHOOL

CHEERLEADING CAMP

JUNE 13 - JUNE 15

9:00- 12:00 EACH DAY

AGES FOR CHEERLEADING: 4-11 YEARS

\$50 PARTICIPATION FEE

FOR INFORMATION CALL

790-2360 EXT. 612 / 121

ASHLEY CHEERLEADING 2016 CAMP APPLICATION

PLEASE PRINT ALL INFORMATION:

CAMPER'S NAME _____ AGE _____
SCHOOL _____ GRADE NEXT YR. _____
ADDRESS _____
PHONE #(_____) _____ TEE -SHIRT SIZE : ADULT / YOUTH S M L
PARENT'S NAME _____
PARENTS DAYTIME CONTACT: _____
IN CASE OF EMERGENCY, CONTACT _____
RELATIONSHIP _____ PHONE # _____
FAMILY DOCTOR _____ PHONE # _____

CONSENT AND CERTIFICATION:

I, THE UNDERSIGNED, BEING THE PARENT OR LEGAL GUARDIAN OF THE CHILD NAMED ABOVE, DO HERBY CONCENT TO THE PARTICIPATION OF MY CHILD IN ASHLEY HS CHEERLEADING CAMP HELD AT ASHLEY HIGH SCHOOL.

MEDICIAL QUESTIONNAIRE:

PLEASE LIST ANY KNOWN MEDICAL PROBLEMS, INJURIES, MEDICATION OR SICKNESS:

MEDICAL TREATMENT AUTHORIZATION:

I HERBY AUTHORIZE THE STAFF OF THE EUGENE ASHLEY CHEERLEADING CAMP TO ACT FOR ME IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION FOR MY CHILD. I UNDERSTAND THAT EVERY ATTEMPT WILL BE MADE TO CONTACT ME IN CASE OF INJURGY OR ILLNESS DURING CAMP ACTIVITIES. I AGREE TO NOTIFY ASHLEY HIGH SCHOOL CHEERLEADING CAMP STAFF OF ANY HEALTH CHANGES. I HEREBY WAIVE AND RELEASE THE ASHLEY CHEERLEADING CAMP, STAFF, ASHLEY HIGH SCHOOL, AND NEW HANOVER COUNTY SCHOOLS OF ANY MEDICAL EXPENSES AND LIABLITY. CAMPERS INSURANCE WILL BE PROVIDED.

A PHOTOCOPY OF THE DOCUMENT HAS THE SAME FORCE AND EFFECT AS THE ORIGNIAL.

CAMPERS SIGNATURE

PARENT / GUARDIAN SIGNATURE

DATE

FOR INFORMATION CALL CARICE GRIGGS @ 910 - 790-2360 EXT. 612 OR EMAIL: CARICE.GRIGGS@NHCS.NET

MAKE CHECKS PAYABLE TO: ASHLEY HIGH SCHOOL

SEND APPLICATION TO:

CARICE GRIGGS

555 HALYBURTON MEMORIAL PARKWAY

WILMINGTON, NC 28412

REGISTRATION CAMP FEE - \$50.00

CAMP DATES JUNE 13TH Through JUNE 17TH (MONDAY - WEDNESDAY)

TWO IN THE SAME FAMILY - \$90.00

AGES 4-11

CAMP TIME IS 9:00 - 12:00 PM