



CHICO CHEER ALL STARS

CHEER CAMP

Registration Form

Dear Parents & Campers:

Please read the following information, sign, and **turn in all paper work with payment** to the front desk of our gym or mail to Chico Cheer All Stars: 13310 Cabin Hollow Ct, Suite #110, Chico CA 95973 **one week prior to camp**. Registration the day of will be permitted as long as space allow and the following are collected:

1. This Form (sign in/out release)
2. Waivers of Release (pg 2)
3. Checks/Money Order or Cash to "CCAS" **\$30 one day camp fee**

Registration & Check-In will begin promptly at 10:00 AM the Saturday morning of camp. *Please be sure to read and sign below regarding camper or parent sign in/out.*

If camper is authorized to sign in/out daily, by themselves, please sign below.

Camper's Name: _____

Parent/Guardian: _____

If camper is not authorized to sign in/out daily, please list those authorized to pick up camper.

Schedule will begin at 10:00 am and end at 3:00 pm Saturday. Camp will wrap up at approximately 2:30 pm for the parent performance located at the Chico Cheer All Stars Gym.

Lunch is daily between 12:00 and 12:30 in the facility. Please bring your own lunch/snacks during camp as campers are not allowed to leave the facility. Lunch, snacks and drinks will be available at the snack bar.

Please Bring a cold water bottle! Wear comfortable work out clothes and proper tennis shoes. Please be sure to leave all valuables and jewelry at home, Chico Cheer All Stars is not responsible for lost or stolen items.

Questions? Email at ChicoAllStars@aol.com ! We look forward to seeing you soon!

Cheers!

Chico Cheer All Stars
13310 Cabin Hollow Ct
Suite #110
Chico CA 95973
(530)514-6331

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

This document affects your legal rights. You should read and understand it before signing it.

In consideration for receiving permission for my child/ward to participate in the Chico Cheer All Stars Cheer Camp program, I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which hereafter may accrue to me, against OGSA/Chico Cheer as a result of my child's/ward's participation in any way in this program regardless of the geographic location.

This release is intended to discharge the Chico Cheer All Stars; the staff of the camp; and its Foundations; and the agents, officers, employees, and volunteers of each of them against any and all liability arising out of or connected in any way with my child's/ward's participation in this program, even though that liability may arise out of the negligence or carelessness on the part of persons or Entities named above.

I understand that injuries including injuries resulting in paralysis or death can arise out of participating in this program; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of my minor child/ward and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. It is further understood and agreed that this waiver, release, and assumption of risk shall be construed in accordance with the laws of the State of California.

This waiver and release specifically embraces each and every activity associated with this program.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have hereunto set my hand on this _____ day of _____ 200__.

Name of child/ward (print)

Signature of parent or legal guardian

Street Address City State Zip Phone

WITNESS:

Printed Name Signature