  

Dear Parents:

The Isle of Wight Varsity and Junior Varsity Cheerleaders will once again be hosting a Cheerleading Camp for Pre-school age 4 through rising 6th graders. The dates will be Monday, June 12th through Thursday, June 15th from 9am to 12 noon. The cost will be $80.00 (cash or check). **Please make checks out to IWA.**

 The Varsity and J.V. cheerleaders will teach your daughters basic cheer moves, stunts, gymnastics, and dances. This camp helps the cheerleaders earn money for new uniforms. Come join us!

 The girls need to wear tennis shoes, socks, tee-shirt, and shorts. Their hair should be tied-back. Please send a snack and drink with your child each day. Each camper will get a camp t-shirt so please indicate your child’s size on the form. Please complete the registration form and return it with your payment **no later than May 19, 2017** to the IWA office or mail it to: IWA, Wendy Hooker, P.O. Box 105, Isle of Wight, VA 23397.

We look forward to working with your daughter at the IWA Cheering Camp.

Sincerely,

IWA Cheering Coaches

Wendy Hooker (wendyhooker@iwacademy.com)

Laura Hickman (laurahickman@iwacademy.com)

Robin Simmons (robinsimmons@iwacademy.com)

**Isle of Wight Academy 2017 Cheering Camp Registration Form**

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

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade you are going into: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Shirt Size (circle one)

Youth Sizes: S M L XL

Adult Sizes: S M L XL

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Medical Release Form:  (Please Print Clearly)

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

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pol. No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ins. Company Address and Phone Number: (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past Health Issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Health Issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past/Present Injuries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug Sensitivities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I attest that my child has been checked by a licensed physician and is physically able to participate in the IWA Cheering Camp.  I hereby authorize the Camp Directors to act in accordance with good sound judgment in any emergency requiring medical attention involving my child.  I hereby waive and release the IWA Cheering Camp, Camp Directors and staff, and Isle of Wight Academy from any and all liability for any injury my child may sustain while at the IWA Cheering Camp unless said injuries are directly related to the negligence and/or lack of proper supervision by the camp staff.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_

IN CASE OF AN EMERGENCY, IF PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CONTACT:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PHONE: \_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_**