



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 10th through Thursday, June 13th 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 24, 2019** to the IWA office or mail it to: IWA, Robin Simmons, 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

Robin Simmons (robinsimmons@iwacademy.com)

Lindsey Babb (lindseybabb@iwacademy.com)

Isle of Wight Academy 2019 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

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: _____