



Dear Parents:

The Isle of Wight Varsity and Junior Varsity Cheerleaders will be hosting a Cheerleading Camp for Pre-school age 4 through rising 6<sup>th</sup> graders. The dates will be Monday, June 20<sup>th</sup> through Thursday, June 23<sup>rd</sup> from 9am to 12 noon, and will be held in the Jester Gym. The cost will be \$90.00 (cash or check). **Please make checks payable to IWA.**

The cheerleaders will teach your child basic cheer moves, stunts, gymnastics, and dances. We will also be making a variety of craft projects! This camp helps the cheerleaders earn money for uniforms and other needs during the cheer seasons. Come join us!

Campers need to wear tennis shoes, socks, tee-shirt, and shorts. Their hair should be pulled 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. Complete the registration form and return it with your payment **no later than Friday, May 27, 2022** to the IWA office or mail it to: IWA, Dana Gay, P.O. Box 105, Isle of Wight, VA 23397.

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

Sincerely,

IWA Cheer Coach

Dana Gay ([danagay@iwacademy.com](mailto:danagay@iwacademy.com))

# Isle of Wight Academy 2022 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: \_\_\_\_\_