



North Thurston High School CHEER

Youth Camp: Grades 1-8 (Fall 2018)

****Parking ONLY @ Chinook Middle School****

Date: ***July 23-24-25*** (Mon/Tue/Wed)

Where: South Sound Stadium @ Chinook Middle School
4301 6th Ave NE
Lacey, WA 98516

Time: 9:00 a.m. - 11:00 a.m.

Cost: \$50 Individual

**PAYMENT DUE BEFORE JUNE 15 to guarantee your T-Shirt.*

**Checks payable to North Thurston HS Cheer*

*****PLEASE MAKE SURE TO INCLUDE YOUR CHILD'S NAME IN THE COMMENT BOX ON YOUR CHECK*****

Send check to: North Thurston High School

Attention: Jara Wright / Karly Enlow
600 Sleater-Kinney Rd NE
Lacey, WA 98506

**PAYMENT DUE BEFORE JUNE 15th to guarantee your T-Shirt.*

****Walk-Up Late Registration will be \$65 on the day of the event. We cannot guarantee a t-shirt for any athlete who registers after June 15.***

Contact: Coach Wright: jarajenae@gmail.com

NTHS YOUTH CAMP 2018

REGISTRATION/PERMISSION FORM

NAME (LAST, FIRST):	
PRIMARY PHONE NUMBER:	AGE:
SECONDARY PHONE NUMBER:	GRADE:
HOME ADDRESS:	
SCHOOL NAME:	TEACHER:
E-MAIL:	PAST INJURIES TO BE AWARE OF:
T-SHIRT SIZE (PLEASE CIRCLE)	
CHILD MEDIUM CHILD LARGE	ADULT SMALL ADULT MEDIUM ADULT LARGE ADULT X-LARGE
EMERGENCY INFORMATION	
FAMILY PHYSICIAN:	PHYSICIAN'S PHONE NUMBER:
PREFERRED HOSPITAL:	ANY KNOWN ALLERGIES:

*ONE FORM PER PARTICIPANT

WE, HEREBY, GIVE PERMISSION FOR OUR SON/DAUGHTER TO ENGAGE IN THIS ACTIVITY. WE UNDERSTAND THAT **CHEER** IS AN ACTIVITY WITH *SOME AMOUNT OF RISK OR DANGER*. WE, HEREBY, AUTHORIZE THE SCHOOL TO ACT ON OUR BEHALF IN AN EVENT OF AN EMERGENCY. THE SCHOOL PERSONNEL IN CHARGE HAS OUR PERMISSION TO TAKE OUR SON/DAUGHTER TO OUR FAMILY DOCTOR OR THE HOSPITAL DESIGNATED ABOVE. SHOULD CIRCUMSTANCES REQUIRE EMERGENCY TREATMENT, AND SHOULD OUR DOCTOR/HOSPITAL BE LOCATED TOO FAR AWAY TO PROVIDE EMERGENCY TREATMENT, WE AUTHORIZE THE SCHOOL TO TAKE OUR SON/DAUGHTER TO THE NEAREST MEDICAL FACILITY.

PARENT / GUARDIAN SIGNATURE: _____ **DATE:** _____

EMERGENCY PHONE NUMBER: _____