



**Grace Christian School**  
**8067 Atlee Road Mechanicsville VA 23111**

## **Cheerleading Camp Authorization Form**

<b>Event:</b>	<b>Girls' Cheerleading Camp (Grades 6-12)</b>
<b>Location:</b>	GCS/Mechanicsville Church of Christ Gym
<b>Supervising Staff:</b>	Mary Catherine Piland, Cheerleading Coach
<b>Dates:</b>	August 21-24th
<b>Times:</b>	1:00 PM – 3:00 PM
<b>Fee:</b>	\$50 (This fee may be paid on Order Lunches beginning the week of July 6th.)

**Supervision:** Students participating in the above described event will be supervised by GCS staff and volunteers.

**Expectations:** All students are expected to...

1. Follow the directions of the coaching staff.
2. Wear appropriate clothing and shoes.
3. Adhere at all times to the requirements of the GCS Student Code of Conduct.
4. Be picked up on time by parents.
5. Bring a water bottle.

### **Registration Process:**

Cheerleading camp is for GCS students in grades 6-12 interested in playing cheerleading for the 2017-2018 school year. This is an opportunity to learn sideline cheers, quarter and halftime routines, dances, stunts, and more. The camp fee includes a practice t-shirt to be distributed prior to the season.

Students interested in registering for camp must register and pay the \$50 fee on the GCS Order Lunches site by Friday, August 11th. (Camp rate is not prorated should a student need to miss a day of camp.)

Parents must complete the form below, the two forms from the school website, and have a current physical before students may participate. The forms may be returned to the Mrs. Piland on the first day of camp. Cheerleaders who do not have one of the required forms or fee will not be allowed to participate.

# Please Return This Page

Name of Student: \_\_\_\_\_

Date:

Permission forms must be delivered to Mrs. Piland on the first day of camp.

## Acknowledgement/Consent:

I request that the above-named student be allowed to participate in the GCS Cheerleading Camp and specifically consent to his/her participation. If any emergency medical procedures or treatment are required during this trip, I (we) consent to the event supervisor(s) taking, arranging for or consenting to the procedures or treatment at his/their discretion.

I understand and accept that the GCS does not carry accident insurance. It is the responsibility of the family to cover any related expenses. I expressly agree to reimburse GCS, its individual members, agents, employees and representatives, as well as service supervisors, for any losses, damages or injuries arising out of, during or in connection with the above-named student's participation in the trip, including the costs incurred for the rendering of emergency medical procedures or treatment, if any.

\_\_\_\_\_  
Parent/Guardian signature

Date

\_\_\_\_\_  
Parent/Guardian printed name

\_\_\_\_\_  
Cell phone number

\_\_\_\_\_  
Work telephone number

\_\_\_\_\_  
Parent/Guardian

email:

In case of emergency, please call: \_\_\_\_\_/phone \_\_\_\_\_

**Please list any medical concerns/information below:**

**Please list any medications your child takes daily:**