An opportunity to get a first-hand look at the Oregon State Cheerleading and Dance Program AND the University as well!

**Schedule of Events**

1:00  Check-in  
1:30  College Cheerleading & Dance Seminar  
2:15  Campus and Athletic Department Tour  
3:00  Stunt & Dance Clinic  
4:00  Dinner Provided  
5:00  OSU Men’s Basketball Game v. Montana  
7:00  End

**Date:** Sunday, December 4, 2011  
**Cost:** $40/ person  
   *(Includes admission to a Men’s Basketball Game)*  
**Location:** Truax Indoor Center  
   *(OSU Campus behind Reser Stadium)*  
**For more information, contact:**  
Amber Bezates, OSU Cheerleading & Dance Coach  
104 Gill Coliseum, Corvallis, OR 97331  
Cell: 541-230-0590, amber.bezates@orst.edu  
http://oregonstate.edu/dept/osucheer/
Preview Day Registration Form  
(MUST BE RECEIVED BY WEDNESDAY, November 30, 2011)

Name: ___________________________ How did you hear about this clinic? ________________

Team You are Currently on: _____________________________________________

E-mail: ____________________________  Cell Phone: _______________________

Payment:

<table>
<thead>
<tr>
<th># of Participants (Includes Presentation, Tour, Lunch, Clinic &amp; Ticket to Game)</th>
<th>#</th>
<th>Price per person</th>
<th>Total Cost</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>$40</td>
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| # of Friends, Family or Coaches (Includes Presentation, Tour, Lunch, & Ticket to Game) | | $20 | |

Total

Oregon State University Sports Camp
Cheerleading and Dance Clinic—December 4, 2011

Parental/Guardian Release and Information

Note: Please print legibly in INK or type. This form must be completed in FULL, including signatures of parent or legal guardian. Campers will NOT BE ALLOWED to participate without completion of this form. Separate forms are needed for each camper.

Camper Name__________________________________________ Birthdate: _______ Year in School _______ Sex: M  F

INSURANCE INFORMATION

Insurance Company ______________________ Policy Number__________________ Group Number__________________

EMERGENCY INFORMATION

Emergency Contact Name #1____________________Relationship__________________ Cell Number__________________

Emergency Contact Name #2 _______________________ Relationship______________ Cell Number__________________

PARENTAL/GUARDIAN RELEASE

I hereby give permission to the above named camper to attend and participate in the Oregon State University (OSU) Sports Camp referenced above. Give permission to the camp staff to render preventative, first aid or emergency treatment, or all of the foregoing, necessary to camper’s health and well-being. In the event of serious injury/illness, the need for major surgery, or significant accidental injury, I understand an attempt will be made by the camp staff to notify the designated emergency contacts as soon as possible. If camp staff is unable to communicate with me, the treatment deemed necessary for camper’s health and well-being may be given. Certify that, to the best of my knowledge, the medical information requested above is complete and correct, and that no health related situations preclude camper’s participation in camp activities. Agree to assume all risk arising from camper’s participation in camp activities, including but not limited to any activities that may present risk of bodily injury. Agree to save, hold harmless, discharge and release OSU for any and all liability, claims, causes of action, damages or demands in connection with camper participation in camp activities including transportation to, at, or from camp activities. Understand that any medical expenses for Camper’s health and well-being will be the responsibility of the parent/guardian. Agree to accept any decisions made by the Camp Director in the termination of camp attendance due to unacceptable or unsafe behavior and agree to forfeit reimbursement of any camp fees and pay any associated costs relative to the decision. Authorize the camp staff to administer medications to my child (as prescribed by physician) as indicated on this form. Certify that I am the camper’s parent or legal guardian. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependant, I have read the above Parental Guardian Release and Information I understand the contents of this Parental Guardian Release and Information, assent to its terms and conditions, and sign it of my own free act.

Name of Parent or Guardian: ____________________________________________

Signature of Parent or Guardian ______________________ Date______________