



# Cheerleading & Dance Youth Camp

**JULY 13-17, 2009**

**AGES K-5**

**9 AM—Noon**

Performance  
on final day!

Easy on-line registration available!

Or

Mail Registration & Payment to:

Oregon State University  
Cheerleading and Dance  
Head Coach, Amber Bezates  
45 Gill Coliseum  
Corvallis, OR 97331

- > Camp will take place in Gill Coliseum
- > \$99 for first child
- > \$80 for additional siblings
- > Check-in begins at 8:45
- > Bring a plain white t-shirt to decorate.

Phone: 541-230-0590

Fax: 541-737-1790

E-mail: [amber.bezates@orst.edu](mailto:amber.bezates@orst.edu)

Web: [orst.edu/dept/osucheer](http://orst.edu/dept/osucheer)

Get ready for Oregon State Athletics' first Youth Cheerleading and Dance Camp! Participants will learn cheers, chants, jumps, dances, tumbling, stunting and team bonding. **PLUS** they'll learn it all from the current Squad!



Registration Deadline is: Friday July 3, 2009.



First Participant	1	\$99	\$99
Siblings		\$80	
Total			
Check #:			

**CANCELLATION POLICY:**

- A \$50 service fee will be charged for cancellation before July 6, 2009.
- Processing Fee for online registration is not refundable.
- NO camp refunds will be given after July 6, 2009.
- Refunds take 4-6 weeks to process.

Complete both sides of this form.



# Oregon State University Sports Camp 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 \_\_\_\_\_ E-mail: \_\_\_\_\_ Sex: M F

## Cheerleading and Dance Youth Camp      July 13, 14, 15, 16 & 17, 2009

### MEDICAL INFORMATION

Any known Allergies, Illnesses, Injuries, or Disabilities: \_\_\_\_\_

Medications Camper will bring: \_\_\_\_\_

Participant's Physician : \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician Address: \_\_\_\_\_ Date of last Tetanus Booster: \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Company \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

### EMERGENCY INFORMATION

Emergency Contact Name #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Number \_\_\_\_\_ Other Number \_\_\_\_\_

Emergency Contact Name # 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Number \_\_\_\_\_ Other 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 the 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 \_\_\_\_\_

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