



## **SUMMER CHEER/DANCE CAMP**

**Hosted by the Capital City Youth Sports Association**

**Ages 5-15 \* No Tryouts  
No previous experience necessary**

**June 22<sup>nd</sup> through June 26<sup>th</sup>  
6:00pm to 8:30pm  
Spring Forest Road Park**

**Cost - \$50.00/participant**

**Registration forms can be faxed, mailed or e-mailed to the  
following:**

**Capital City Youth Sports Association**

**PO Box 98389  
Raleigh, NC 27624  
919-231-7722 (fax)**

**[heather@capitalcitysteelers.com](mailto:heather@capitalcitysteelers.com)**

**For additional information about the camp, see  
our website or call Heather Brooks at 625-0735**

**[www.capitalcitysteelers.com](http://www.capitalcitysteelers.com)**

# SUMMER CHEER CAMP REGISTRATION FORM

*Make checks and money orders in the amount of \$50.00 payable to Capital City Youth Sports Association*

Child's Name \_\_\_\_\_ Age/ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
E-mail \_\_\_\_\_  
Emergency Contact & Best Phone Number \_\_\_\_\_

**\*\*Youth T-Shirt Size (circle one) XS SM MED LRG XL (Other) \_\_\_\_\_ \*\***

## MEDICAL HISTORY

- Is there is known history of:
- Medical conditions currently under treatment Y N
- Pre-existing injury currently under treatment Y N
- Any medications presently being taken Y N
- Allergies (drugs, bee stings, food, asthma, etc.) Y N
- Recent illness of more than one week Y N

Explain above questions answered yes \_\_\_\_\_

Insurance information:

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**If for some reason by 6/20/09 we do not have a minimum of 10 participants, we will not be able to do the Cheer camp and will return the registration payment!**

My child [ ] has permission to attend the Summer Youth Cheer Camp Hosted by Capital City Youth Sports Association. In the event of illness or injury, I hereby grant my consent for medical treatment by the camp personnel and permission for the attending physician or appropriate medical personnel, to hospitalize, secure proper treatment and/or injection, anesthesia or surgery. I will be responsible for any medical or other charges connected with my Child's attendance at camp. I hereby state that the Capital City Youth Sports Association, Capital City Steelers and all their employees/volunteers are not responsible for any pre-existing injury or recurrence of any disclosed preexisting injury or illness of the above camper. In acceptance of this applicant for camp, I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in cheerleading and/or dance may result in **SERIOUS INJURIES, PARALYSIS, PERMANANT DISABILITY AND/OR DEATH.** I hereby release Capital City Youth Sports Association, Capital City Steelers and all their employees/volunteers from all claims or damages which may arise out of my child's association with this cheer camp.

Parent/ Guardian Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_