

# KAMEHAMEHA YOUTH CHEER CAMP

JOIN THE KAMEHAMEHA SCHOOLS HAWAII  
CHEER TEAM FOR THREE DAYS  
OF SPIRIT AND FUN!

YOUTH CHEER CAMP  
BOYS & GIRLS, GRADES K-5  
FRIDAY OCTOBER 17, 3:30PM-5:30PM  
SATURDAY OCTOBER 18, 8:30AM-3:30PM  
SUNDAY OCTOBER 19, 8:30AM-3:30PM

LOCATION: KAMEHAMEHA SCHOOLS HAWAII  
\$55 PER PARTICIPANT

ATTIRE:  
T-SHIRT AND COMFORTABLE SHORTS,  
SOCKS AND ATHLETIC SHOES,  
HAIR UP AND OUT OF THE FACE,  
BRING POSITIVE ATTITUDES,  
& BE READY TO HAVE A GREAT TIME!

PLEASE EMAIL US AT:  
[KSHAWAIIICHEERTEAM@GMAIL.COM](mailto:KSHAWAIIICHEERTEAM@GMAIL.COM)  
FOR MORE INFORMATION & TEAM RATES (10 OR MORE)!

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Camp packet includes:  
Registration form  
Permission to Release/Treat Waiver  
Indemnification form for non-KS participants

Packets and payment must be turned in by:  
Wednesday, October 1



# FALL YOUTH CHEER CAMP SCHEDULE

## Friday, October 17

3:00 PM	Pre-camp meeting
3:30 PM	Registration
3:45 PM	Introduction
4:00 PM	Warm up & Stretch
4:15 PM	Motions
4:20 PM	Sidelines
4:45 PM	Jump Class
	Jump Off
5:00 PM	Favorite Skill of the Day
5:15 PM	Conditioning & stretch

## Saturday, October 18

8:00 AM	Pre-camp meeting
8:30 AM	Warm up & Stretch
9:00 AM	Material Review
9:30 AM	Safety First!
	Stunt Class
10:30 AM	Break // Games!
10:45 AM	Cheer Class
11:30 AM	Choreography
12:00 PM	Lunch
12:45 PM	Warm up & Stretch
1:00 PM	Dance
2:00 PM	Break // Games!
2:15 PM	Material Review
3:00 PM	Favorite Skill of the Day
3:15 PM	Conditioning & Stretch

## Sunday, October 19

8:00 AM	Pre-camp meeting
8:30 AM	Warm up & Stretch
8:45 AM	Material Review
9:30 AM	Tumbling
10:30 AM	Break // Games!
10:45 AM	Choreography
12:00 PM	Lunch
12:45 PM	Break // Games!
1:00 PM	Favorite Skill of the Day
1:15 PM	Awards Ceremony
1:45 PM	Material Review
2:30 PM	Break // Games!
2:45 PM	Team & Camp Performances
3:15 PM	Conditioning & Stretch

# YOUTH CHEER CAMP REGISTRATION FORM

## Participant Information

Participant Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ M / F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

KS / Non-KS? School: \_\_\_\_\_  
(circle)

Are you on a pop warner cheerleading team? If yes, Team: \_\_\_\_\_

## Parent/Legal Guardian Information

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Emergency Contact (other than Parent)

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

T-Shirt Size (circle): YS    YM    YL    AS    AM    AL

- Registration packet must be turned in by Wednesday, October 1<sup>st</sup>.
- Registration forms and payment can be turned in at the KS Athletics Office.
- Make checks payable to *Kamehameha Schools*.  
Please note KS Fall Youth Cheer Camp on the check and staple to your registration form.
- \$55 per individual participant.
- For teams of 10 or more, email [kshawaiicheerteam@gmail.com](mailto:kshawaiicheerteam@gmail.com).

How did you hear about this camp? \_\_\_\_\_



KAMEHAMEHA SCHOOLS HAWAII

**Kamehameha School Hawai'i Athletic Training  
PERMISSION FOR TREATMENT RELEASE AND WAIVER**

**SCHOOL YEAR:** \_\_\_\_\_

*Please Print Clearly:*

Student's Last Name	Student's Legal First Name	Student's Birthdate / /	HS Graduation Year
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As the parent(s) or legal guardian(s) of the above named student ("my/our child") I/we understand that final and complete responsibility for the medical treatment of my/our child rests with me/us and my/our family, and agree to the following:

**General and Emergency Care, Referral and Consultation:** Kamehameha Schools ("KS") provides only limited first aid care at its Hawai'i Campus. For voluntary athletic events, I/We recognize that my/our child may need to travel and participate as a team member in local, inter-island and out-of-state KS athletic events. I/We hereby authorize KS to use a certified athletic trainer, qualified coach, or licensed physician as may be determined by school officials, to provide any emergency and/or follow-up medical care deemed necessary or appropriate under the circumstances for the care and treatment of my/our child in the course of such athletic practice, competition or travel, until such time as my/our child is able to be treated by my/our family physician. I/We further consent and authorize the school's certified athletic trainer to provide appropriate therapeutic modalities in order to return student to athletic competition, such care to be conducted under the direction of a licensed physician, with the approval of my/our family physician.

**Release:** In consideration of my/our child's participation in KS Hawai'i athletic events and on behalf of myself/ourselves, my/our personal representatives, my/our heirs, my/our assignees and my/our child, I/We: (a) waive and release any and all claims against Kamehameha Schools and its trustees, employees, agents and representatives, in both their personal and professional capacities ("collectively KS"), for injuries, liabilities, losses or damages connected with or arising out of the rendering of medical treatment to my/our child; and (b) agree to indemnify and hold harmless, KS from and against any and all claims, proceedings, injuries, liabilities, losses, damages and expenses including reasonable attorneys fees and costs, relating to the rendering of medical treatment to my/our child.

**I/We have read and understand the contents of this statement; understand the nature of this statement as contractual and not merely a recital; confirm that I/We were given an opportunity to ask questions about this statement; and that I/We are signing this statement as my/our free act.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please print clearly:*

Student Lives With:	Mailing Address:	Home Phone:	
Father/Legal Guardian Name:	Home Phone (if different):	Work Phone:	Mobile Phone:
Mother/Legal Guardian Name:	Home Phone (if different):	Work Phone:	Mobile Phone:

Health Insurance Carrier:	Policy/Authorization Number:
Policy Holder's Name:	Policy Holder's Mailing Address:
Student's Personal Physician & Office Phone:	Pref'd Dispensary:
Student's Known Allergies:	Student's Prescription Medications Taken:
Student's Medical Conditions and/or Treatment Restrictions:	

Emergency Contact:	Relationship to Student-Athlete:	
Home Phone:	Work Phone:	Mobile Phone:

Kamehameha Schools  
Indemnification Statement

For use by Non-KS Individuals Participating in a KS Event/Function

Name of KS sponsored event: **Fall Youth Cheer Camp**

Date(s) of Event: October 17 – October 19

Time(s): October 17 – 3:30-5:30pm  
October 18 & 19 – 8:30am-3:30pm

The undersigned individual(s), and his, its or their heirs, personal representatives, successors and permitted assigns, for and in consideration of the Kamehameha Schools (“KS”) permitting and allowing the participation in the above designated event herein jointly and severally agree(s) to indemnify, defend and hold forever harmless The Kamehameha Schools and its Trustees, employees and agents (collectively also “KS”) against any and all loss, liability, demands, claims, suits, actions or proceedings of every name, character and description (including but not limited to attorneys’ fees and cost(s) which may be suffered or incurred by or brought against KS for or on account of any injuries, wrongful death or damages to any person(s) or property arising directly or indirectly, by or in consequence of the participation in the above stated event or on the designated site or any other KS facility by the undersigned individual(s)). The undersigned hereby certifies that prior to signing on the line provided, it has carefully read the provided event information and accepts the event/program “as is”.

The undersigned further assumes all risks of injury arising out of any condition in the above stated event or on the designated site and/or facility used, or in or on any other KS facility, whether such condition is latent or apparent, and waives any and all claims against KS for any injury to person or property which may be sustained by the undersigned as a result of the undersigned’s participation in the above stated event and or on KS property. The undersigned understands and acknowledges that KS makes no representation or assurance that the designated event and/or facility or any other KS event or facility is safe or fit for the undersigned’s intended use, and the undersigned agrees that the undersigned will be solely responsible for making all appropriate arrangements to ensure that the designated event and site and/or facility or any other KS facility is safe and fir for the undersigned’s intended use.

Any and all physical damage to KS facilities and/or property arising directly or indirectly out of the undersigned’s use of the site and/or facility shall be repaired and/or replaced by the undersigned within ten days of the event date. In the event that the undersigned fails to satisfactorily repair and/or replace the damage within such period, KS, without waiving any rights, may undertake to repair and/or replace such damage, and the undersigned agrees to reimburse and shall reimburse KS for all actual costs incurred plus an administrative cost of 10% of the actual costs, within five days after receipt of the bill.

\_\_\_\_\_/\_\_\_\_\_  
Participant Signature / Date

\_\_\_\_\_/\_\_\_\_\_  
Parent Guardian Signature (if Participant is under the age of 18) / Date