4th Semi-Annual

# KAMEHAMEHA YOUTH CHEER CAMP

Join the Kamehameha Schools Hawaii Cheerleaders for 2 days of spirit and fun!

November 21, 8:30am-12:30pm November 22, 8:30am-12:30pm

@ Kamehameha Schools Hawaii

Boys & Girls, Grades K-5 \$40 New Attendees \$35 Returnees NOVEMBER **21-22** 





## Camp packet includes:

- 1- Registration Form
- 2- Release/Treat Waiver
- 3- Indemnification Form

Please submit camp packet and payment by:

October 28, 2015

Email us at:

kshawaiicheerteam@gmail.com

# YOUTH CHEER CAMP SCHEDULE

# Saturday, November 21

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8:30 AM	Registration
8:45 AM	Introduction & Warm up
9:00 AM	Motions & Sidelines
9:20 AM	Jump Class
9:45 AM	Safety First! & Stunt Class
10:30 AM	Break // Games!
10:45 AM	Cheer Class
11:15 AM	Dance
11:45 AM	Break // Games!
12:00 PM	Material Review
12:15 PM	Conditioning & Stretch

## Sunday, November 22

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8:30 AM	Warm up
8:45 AM	Games
8:50 AM	Sidelines
9:00 AM	Cheer Class
9:15 AM	Jump Class
9:20 AM	Stunt Class
9:50 AM	Break // Games!
10:00 AM	Dance
11:00 AM	Choreography
11:45 AM	Break // Games!
12:00 PM	Material Review
12:10 PM	Performance
12:20 PM	Conditioning & Stretch

## Camp FAQ

#### Where is the camp?

The camp is located at Kamehameha Schools Hawaii at the Keaka Elementary Playcourt. Once you drive through the security gate on Na'auao Road, make a right on Pueo Lane. Drive pass the classrooms and park in the gravel parking lot to the right of the open play court.

#### Do I need to be there to check my child in?

It is expected that each participant be dropped off or picked up by either their parent(s) or emergency contact. If someone else is present for pick up, the participant's parent will be notified before the release of the child. Each day, every child must be checked in and out at main entrance of Keaka, not side doors. You will be asked for a signature and check in/out time.

#### Are parents allowed to stay and watch the camp?

Parents, feel free to stay! There will be a designated section for parents to spectate and we ask that you remain in that area to minimize distractions.

#### Is there lunch provided during the camp?

Because the camp will end at 12:30pm, lunch will not provided during camp. It is recommended that your child also comes prepared with a water bottle and snacks if desired.

#### How should my child dress for cheer camp?

Proper attire for cheer camp consists of a t-shirt, cotton shorts, and athletic shoes. Bows are encouraged! :) We may come up with a theme for camp on Sunday.

#### Is there any opportunity for the camp participants to perform?

The participants will be performing their routine that they learned on Sunday at 12:10pm so please come and watch!

#### What do I turn in with my payment?

- 1. Camp Registration Form
- 2. Permission For Treatment Release And Waiver
- 3. Indemnification Statement For Non-KS Students

#### My child registered late. Can they still receive a camp t-shirt?

Any registration received after the October 28th deadline will receive t-shirts at a later date.

Camp Date: November 21-22, 2015

#### YOUTH CHEER CAMP REGISTRATION FORM

Participant Information		
Participant Name:	Grade:	_Age: M /
Address:	City:	State:
Zip: Phone: ( )		
KS / Non-KS? School:		
Are you on a pop warner / all-star cheerleading team?	If yes, Team:	
Parent/Legal Guardian Information		
Name(s):		
Address:		
Zip:Phone:( )Cell:( )_		
E-mail address:		
Camp T-Shirt		
Order a camp t-shirt? NO YES If yes, or Please include \$15 to your payment with registration.	circle what size? YS	YM YL AS AM AL
<ul> <li>Registration packet must be submitted by Wednesda</li> <li>Forms and payment can be dropped off or mailed in</li> </ul>	•	fice.
Athletic Depar	meha Schools Hawaiʻi rtment, ATTN: Cheer Camp ano Rd. Keaʻau, HI 96749	
<ul> <li>Make checks payable to Kamehameha Schools Hawa</li> <li>Please note KS Youth Cheer Camp on the check and</li> <li>\$40 per new participant, \$35 per returning participar</li> <li>\$15 per t-shirt</li> </ul>	staple to your registra	tion form.
How did you hear abou	ut this camp?	
•	□ A cheerleader/coach □ KS staff	□ Poster in community □ PTO website, blog, email

□ Radio announcement

□ Newspaper



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

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

Student's Legal First Name

HS Graduation Year

Student's Birthdate

Please Print Clearly:

Student's Last Name

					1	1	
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, interisland 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							
my/our free act.					Dete		
Student Signature					Date		
Father/Legal Guardian SignatureDate							
Mother/Legal Guardian Signature					Date		
Please print clearly: Student Lives With:  Ma	iling Address:					l ua	me Phone:
Student Lives with.	illing Address.						me Filone.
Father/Legal Guardian Name:	Ho		e Phone (if different): World		Work Phone:		bile Phone:
Mother/Legal Guardian Name:		Home	ne Phone (if different): Work F		none:	Мо	bile Phone:
Health Insurance Carrier:		Policy/Au	uthorization Number:			I	
Policy Holder's Name: Po		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:			e Phone:			

# Kamehameha Schools Indemnification Statement

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

Name of KS sponsored event:	Spring Youth Cheer Camp			
Date(s) of Event:	November 21-22, 2015			
Time(s):	November 21 – 8:30am-12:30pm November 22 – 8:30am-12:30pm			
and permitted assigns, for and in and allowing the participation in to indemnify, defend and hold for employees and agents (collective suits, actions or proceedings of to attorneys' fees and cost(s) who naccount of any injuries, wrong directly or indirectly, by or in condesignated site or any other KS hereby certifies that prior to sign information and accepts the even The undersigned further assume stated event or on the designated whether such condition is latent injury to person or property which undersigned's participation in the undersigned and acknowledges designated event and/or facility intended use, and the undersigned making all appropriate arrangem or any other KS facility is safe at Any and all physical damage to undersigned's use of the site an within ten days of the event date and/or replace the damage within repair and/or replace such dama reimburse KS for all actual costs within five days after receipt of the site and the site of t	es all risks of injury arising out of any condition in the above ed site and/or facility used, or in or on any other KS facility, or apparent, and waives any and all claims against KS for any ch may be sustained by the undersigned as a result of the e above stated event and or on KS property. The undersigned that KS makes no representation or assurance that the or any other KS event or facility is safe or fit for the undersigned's ned agrees that the undersigned will be solely responsible for nents to ensure that the designated event and site and/or facility and fir for the undersigned's intended use.  KS facilities and/or property arising directly or indirectly out of the d/or facility shall be repaired and/or replaced by the undersigned e. In the event that the undersigned fails to satisfactorily repair in such period, KS, without waiving any rights, may undertake to age, and the undersigned agrees to reimburse and shall is incurred plus an administrative cost of 10% of the actual costs,			
Participant Signature Date				
Parad Quarties Quarter (% 7)	/			
Parent Guardian Signature (if Pa	articipant is under the age of 18) Date			