



SW Washington Pop Warner Little Scholars
1 DAY CHEER
CAMP REGISTRATION FORM

Date: Thursday, June 25th from 9a.m-3p.m
Location: Union High School, Camas, WA 98607

Mail this form along with **40.00** check or money order

Made Payable to:

SW Washington Pop Warner

Attn: CHEER CAMP

P.O. Box 728

Vancouver, WA 98666

Child's Name _____ *Age/ DOB _____

Address _____ City _____

State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Emergency Contact & Best Phone Number _____

*Association/TeamName _____

Age Division (circle one) **TM MM JRPW PEEWEE JR.MID**

*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 _____

My child [] has permission to attend the SW Washington Pop Warner 1Day Camp Hosted by Union Titans Cheer.

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 SW Washington Pop Warner, Union Titans Cheer 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 hereby release SW Washington Pop Warner, Union Titans Cheer and all their employees/volunteers from all claims or damages which may arise out of my child's association with this 1 day camp.

Participant Name (Please Print) _____ Signature _____

Parent/ Guardian Name (Please Print) _____ *Signature _____

Date _____

FOR POP WARNER USE ONLY

Check _____

Money Order _____ Other _____

Date Received _____ Initial/Verified _____