

DAY CAMP Registration Form

Participant Information:									
Name o	of athlete/camper:								
Date of birth (MM/DD/YYYY):									
Particip	pant Information:								
We offer a full week rate but you are welcome to pick and choose your days as well. We even offer $\frac{1}{2}$ days for those who find a full day a bit too long!									
	Camp Week:	Option:			Cost:				
	■ July 15 – 19		FULL WEEK (5 days)			\$230.00 (tax included)			
■ Aug 12 – 16		FULL DAY (8hrs)			\$50.85 (tax included)				
		½ Day (4hrs) *AM or PM*			\$25.42 (tax included)				
Drop-off: between 8:30-9:00am * Pick-up: between 4:00-5:00pm									
Prograi	m Options: DAY CAMP 2024								
Please click the box(s) that applies. If choosing ½ days, please specify AM or PM beside each day:									
July 1	5 - July 19: FULL WEEK	□ FUL	L DAY(S):	М□	Т	$w \square$	Th □	F□	
		½ D	AY(S):	М	Т	w 🗆	Th 🗆	F□	
Aug 1	.2 - Aug 16: FULL WEEK	☐ FULI	DAY(S):	М 🗆	Т 🗆	w 🗆	Th 🗆	F□	
		½ D/	AY(S):	М□	Т	w 🗆	Th □	F□	
If you are attending camp with a friend, please list their first and last name below (we will do our best to keep friends together for activities!):									



Participant Consent and Waiver

This form must be read and signed by every athlete (18+) or parent/guardian of each athlete who wishes to participate in recreational and/or competitive programming offered by Georgian Bay Cheer Athletics (GBCA). Please read carefully.

Participant Information:							
Name of athlete:							
Date of birth (MM/DD/YYYY):							
Mailing Address:							
Apart/Unit #:	Postal Code:						
Allergies:							
Health status/Medical information:							
Q: Are you sending any medications to camp and when does it need to be administered?	for your athlete/camper? If so, what medication and how						
Parent/Guardian Information:							
Name of parent/guardian: (1)							
Name of parent/guardian: (2)							
Primary Phone:							
Alt:							
E-mail:	(used for updates and cancellations)						
Emergence Contact (if different than above):							
Phone Number:							

Media Release:								
I hereby grant Georgian Bay Cheer Athletics the rights to record								
Consent and Liability Waiver								
I. Risks and Responsibilities:								
All Sport, including cheerleading, has its risks:								
I voluntarily give permission for								
The risks and hazards of cheerleading include, but are not limited to, injuries relating to:								
 Executing strenuous and demanding physical techniques; Vigorous physical exertion, strenuous cardiovascular activity, rapid movements, quick turns and stops Exerting and stretching various muscle groups; Dry land training; 								
 Falling or colliding with the floor, mats, walls, stands, equipment or with other participants; Failing to properly use any piece of gymnastics equipment or from the mechanical failure of any piece of gymnastics equipment; 								
 Contacting or being struck by other participants (including spotters), spectators or equipment; Travel to and from competitive events and associated non-competitive events. 								
I acknowledge that the risk of sustaining these types of injuries results from the nature of the activity and can occur without any fault. Furthermore, I understand that the nature of this activity may require physical contact between instructors and participants during training. I am also aware of the higher risk of transmission of illness during classes due to close proximity of teammates and coaches while participating in the sport of Cheerleading. I am voluntarily accepting the dangers and assume all such risks that are involved with participation in the activities listed above.								
II. Liability Waiver:								
I agree and confirm that Georgian Bay Cheer Athletics and its employees, coaches and volunteers, shall all be exempt and free from all liability or loss, and any damage or injury of any type to the individual listed above.								

Signature of Parent/Guardian: _____

Date: _____