

Lex Leaders Mini Cheer Camp Football 2019

For children in grades K-6



Clinics: Tuesday, Sept 10th and Thurs. Sept 12th

Time: 6:00-7:30pm (At high school field house)

Performance: Varsity football game Friday, Sept 13th during 3rd quarter vs. Clearfork

Fee: \$25 (if received by Thurs. Sept 5th)

\$35 (if received after Sept. 5th).

Includes J-shirt, bow, and free entry to game for the camper. (Note: t-shirt will not be available if registered after Sept 9th.)

Drop off or mail checks to Lexington High School Athletic Department, 103 Clever Lane, Lexington, OH 44904 (Attn: Cheer Coaches)

Make checks payable to: **Lexington Athletic Boosters.**

For the protection of your child, ID bands will be issued for the child and the adult checking the child in. New bands will be issued at the game. If you do not have the band, you will be required to show your driver's license and must be listed on the form. You may request additional bands if different people will be picking up your child. Drop-off and pick-up for clinics will be in the upper level of the field house. Please arrive for pick-up by 7:30pm Tues-Thurs. Keep in mind that pick up will take time to check out each child! Thank you for your cooperation!

What to Wear: Clinics-Tennis shoes, athletic wear (shorts, sweatpants, t-shirt) Game-sweatpants (black if you have it, Lex Leaders shirt and bow, tennis shoes. If it's cold, jacket, hat/gloves.

*Game night: You must **check in** at the front gate and get your bands by **7pm**. Kids will sit with their parent until half-time. Kids will line up during half-time and cheer during 3rd quarter. Parents will pick up after 3rd quarter and they may leave or stay with parent for the remainder of the game. You are required to show your wrist band for pick-up! Further information will be given at clinics.*

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Name of participant: _____

GRADE: _____

School: Eastern / Central / Western (circle one)

T-SHIRT SIZE: (circle one size) **(YOUTH SIZES)** YS YM YL YXL **(ADULT SIZES)** AS AM AL AXL

Address: _____

City: _____

Zip: _____

Medical conditions or limitations _____

Allergies: _____

Emergency contact phone #: _____ or _____

Name of parent or guardian living with camper: _____

Relationship: _____

Email: _____

In addition to the above-named parent/guardian, I authorize the following adults to sign in, sign out, and pick up this participant:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone (evening): _____

Phone (evening): _____

Dates of attendance: Sept 10th, 12th, and 13th, 2018

Release: I hereby give consent for my child or ward to participate in the above-named sport camp or clinic. I acknowledge the risks of injury involved in my child's athletic participation and choose to accept all responsibility for his or her safety and welfare while participating in athletics at Lex Leaders mini cheer camp. With full understanding of the risks involved, I, the undersigned, hereby release and hold harmless the Lexington Local Schools and its successors, assignees, officers, agents, and employees from all liability, costs, claims, demands, actions, and causes of action whatsoever in any way growing out of or resulting from my child's participation in this camp or clinic.

I authorize emergency medical treatment for my child should the need arise for such treatment while my child is under the supervision of the Lexington cheerleading coaches or volunteers. In addition, I hereby grant my permission to qualified health care professionals (including athletic trainers and medical staff) to administer immediate treatment to my child should such care be deemed professionally necessary and to disclose my health information to Lexington athletic trainers, physicians, and staff and any medical services, or hospital services personnel arranged for by such Lexington athletic trainers, coaches, or other personnel. I understand that the athletic department does not provide medical insurance covering injuries of any nature incurred in camp or clinic activities, medical care transportation, or other costs associated with such injuries. I assume financial responsibility in the event of emergency treatment.

I HAVE READ THIS CAREFULLY AND KNOW THAT IT CONTAINS A RELEASE.

Signature of parent or guardian

Date: _____