

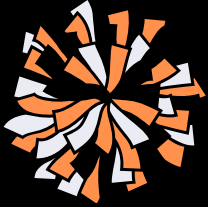
LOKS Youth Cheer Camp

JULY 8 - 12

9 AM - 12 PM



2024 YOUTH CHEER CAMP INFORMATION:



DATE, TIME & LOCATION:

JULY 8 - JULY 12 FROM 9AM - 12 PM

CAMP WILL BE HELD IN THE RWL GYM OFF PINE STREET

WHAT TO BRING & WEAR:

A SNACK AND WATER BOTTLE

WEAR TENNIS SHOES OR CHEER SHOES AND COMFORTABLE CLOTHING. THEME DAYS WILL BE ANNOUNCED AT CAMP ON MONDAY



REGISTRATION:

\$125 PER CAMPER IF PAID AND REGISTERED* BY MAY 24;

\$135 A CAMPER IF REGISTERED ON OR AFTER MAY 25

* COMPLETE THE REGISTRATION FORM BELOW AND THE SCPS WAIVER ON THE BACK. THESE CAN BE DROPPED OFF AT THE SCHOOL OR EMAILED/MAILED TO COACH RONDONE

TO PAY WITH CREDIT CARD:



CONTACT COACH RONDONE WITH ANY QUESTIONS: BOARDMAZ@MYSCPS.US

Summer Youth Cheer Clinic Registration Form

Participants Name: _____

T-Shirt Size: Please Circle one: YSMALL YMED YLARGE ASMALL AMEDIUM

Home Address: _____ City, Zip: _____

Phone: _____ Email: _____

Upcoming Grade Level for 2024-2025: _____

Organization you belong to (Recreation / All-Star) if any: _____

Parent(s) Name: _____

Emergency Phone Number(s): _____

Approved to pick up child:

Name(s): _____

Phone Number (s): _____

All checks need to be made out to Oviedo High School with your phone number and child's name on the check. Only CASH or My School Bucks will be accepted AFTER July 1st. Reminder, if you pay after May 24th fee will be \$135.00 per participant. All registrations received after July 1st may not be able to participate in some arts and craft activities and may have delay in receiving shirt. Please send all forms to OHS, Attn: Allie Rondone, 601 King Street, Oviedo, FL 32765.

I give permission for my child, _____, to participate in the youth stunt clinic being held at Oviedo High School. In the event of an injury, I release my child for treatment by a physician if I cannot be reached. I understand that Oviedo High School and Seminole County Public Schools, its faculty, staff and students cannot be held liable for any injury.

Parent / Guardian Signature: _____ Date: _____

Appendix I— Release and Waiver of Liability for Students

Applicants under age 18 must have parent or guardian complete Parts 1 and 2.

PART 1: Parent/Guardian Consent, Acknowledgement and Release (to be completed and signed by parent(s)/legal guardians(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign)

- A. I hereby give consent for my child/ward _____ to participate in the _____ "Activity/Event."
- B. I know of and acknowledge that I and my child/ward know of the risks involved in "Activity/Event", understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in "Activity/Event". With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, and the contest officials, of any and all responsibility and liability for any injury or claim resulting from such "Activity/Event" participation and agree to take no legal action against the school, the schools against which it competes, the school district, and/or the contest officials because of any accident or mishap involving the "Activity/Event" participation of my child/ward. As required in F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school. I further hereby authorize the use of disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the "Activity/Event", upon its request, of all records relevant to my child's/ward's eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence, and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, promotional, and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
- C. In consideration for participating in this "Activity/Event", the undersigned, for himself/herself, his/her child/ward as well as the child/ward's legal guardians/ personal representatives, heirs and next of kin, acknowledges, agrees and represent that he/she, HEREBY RELEASES, WAIVES, HOLDS HARMELSS, DISCHARGES AND COVENANTS NOT TO SUE The School Board of Seminole County and each of its past, present, and future officers, directors, board members, affiliates, partners, agents, servants, representatives, attorneys, employees, predecessors, successors, subrogees, assigns, and insurer(s) ("releasees"), from all liability to the undersigned, his/her child/ward, personal representatives, assigns, heirs, and next of kin for any and all damage, and any claim or demands therefore on account of injury to my child/ward arising out of participation in the Activity/Event, whether caused by the negligence of the releasees or otherwise while the undersigned is participating in any way in the Activity/Event;
- D. **READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD/WARD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY/EVENT. YOU ARE AGREEING THAT, EVEN IF YOUR CHILD'S/WARD'S SCHOOL, OTHER PARTICIPANTS IN THE ACTIVITY/EVENT, THE SCHOOL DISTRICT, AND THE ACTIVITY/EVENT OFFICIAL'S USE REASONABLE CARE IN PROVIDING OR SUPERVISING THIS ACTIVITY/EVENT, THERE IS A CHANCE YOUR CHILD/WARD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY/EVENT BECAUSE THERE ARE CERTAIN INHERENT DANGERS WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS RELEASE AND WAIVER, YOU ARE GIVING UP ALL CLAIMS AND POTENTIAL CAUSES OF ACTION YOU AND YOUR CHILD/WARD MAY HAVE AGAINST YOUR CHILD'S/WARD'S SCHOOL, OTHER PARTICIPANTS, THE SCHOOL DISTRICT, AND THE ACTIVITY/EVENT OFFICIALS FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD/WARD OR ANY PROPERTY DAMAGE THAT RESULTS FROM PARTICIPATION IN THE ACTIVITY/EVENT. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM AND THE SCHOOL BOARD OF SEMINOLE COUNTY AND THE SCHOOL MAY DENY YOUR CHILD/WARD THE RIGHT TO PARTICIPATE IN THE EVENT/ACTIVITY.**
- E. I agree that the State Courts of Seminole County, Florida, and the federal courts of the Middle District of Florida, Orlando Division are the exclusive venue for any legal actions arising out of this Release and Waiver.
- F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all them at any time by submitting said revocation in writing to the School Board of Seminole County, Florida and my child/ward may no longer be eligible for participation in activity/event.
- G. Please check appropriate box(es):
- My child/ward is covered under a health insurance plan.
Company: _____ Policy Number: _____
- I have purchased supplemental insurance through Kid Guard.
- My child is not covered by health insurance.

PART 2: Student Consent, Acknowledgement and Release (to be signed by participant at the bottom)

I have read and agree to the Consent and Release from Liability and know of no reason why I am not eligible to participate in Activity/Event. I agree to follow the rules and abide by them set forth by Activity/Event. I know that participation in the Activity/Event is a privilege. I know of the risks involved in participation in the Event/Activity, and I understand that serious injury and even death is possible in participation and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in this Activity/Event, with full understanding of the risks involved. If I am 18 years of age or older, or emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, other participants in the Activity/Event, the school district, and the Activity/Event officials of any and all responsibilities and liability for any injury or claim resulting from such participation and agree to take no legal action because of any accident or mishap involving my participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in Activity/Event.

Please check if applicable:

I am 18 years of age or older/emancipated and I have a health insurance plan.

Company: _____ Policy Number: _____

_____ I have no health insurance.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE AND WAIVER, AND I FREELY AND VOLUNTARILY SIGN THIS FORM. (only one parent/legal guardian signature is required)

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE AND WAIVER, AND I FREELY AND VOLUNTARILY SIGN THIS FORM. (student/participant signature is required)

Name of Student (printed)

Signature of Student

Date