



War Eagle Cheer Academy

The Putnam County High School Competition Cheerleading program is proud to announce that the War Eagle *Cheer/Tumble Academy Camp* will return to PCPS beginning **May 2**. Classes are available for children 4-16 years of age (boys and girls)

- The 3:00-4:45p.m. Putnam County Primary School
- Camp fee is **\$35.00**
- **Classes will run from May 2nd , 3rd and 4th (parent demonstration May 4th at 4:45)**
- **Payments for class attendance must be paid in full prior to the first day of class !**

- Checks may be postdated for April 1 if necessary- ***A t-shirt and Certificate of Participation will be given at the end, along with a parent demonstration of the cheers, stunts, and tumbling skills taught***

If you would like further information please e-mail Mrs. April Smith at april_smith@putnam.k12.ga.us or call 706-485-9971. Thank you Putnam County for making Putnam County Schools Competitive Cheerleading a continued success.

DEADLINE March 24, 2015!!!!

Checks made Payable to PCHS!

Participants should wear comfortable clothing with athletic shoes.

Must have a transportation change note each Monday

Pick up will be at PCPS bus ramp

**War Eagle Cheerleading and Gymnastics
Participation & MEDICAL RELEASE FORM
(Please Print CLEARLY!!!)**

<hr/> Participant's Name	<hr/> Age	<hr/> Home phone #
<hr/> Parent/Guardian's Phone #		<hr/> Grade/H.R. Teachers Name/ School
<hr/> Name of Parent or Guardian		<hr/> Emergency Contact Phone #
<hr/> Participant's Address	<hr/> City	<hr/> Zip Code
<hr/> Medical Insurance Company		<hr/> Medical Insurance Policy #
<hr/> Parent or Guardian's Address if different from Participant		<hr/> Parent Email Address
<hr/> City	<hr/> State	<hr/> Zip Code

List any medication to which participant is allergic, any previous medical conditions which could impair his/her performance, and any medication currently being taken.

I, the undersigned parent or guardian, do hereby grant permission for my daughter/son, whose name is _____, and hereinafter shall be referred to as "participant," to participate in the War Eagle Cheerleading and Gymnastics classes. In order that the participant may receive the necessary medical treatment in the event of an injury or illness, I hereby hold the Coaches/ Instructors and its representatives harmless in the exercise of this authority. _____ (Please initial).

II. I further acknowledge and understand and agree that in taking part in this class there is a possibility of physical illness or injury (minimal, serious, or catastrophic) and that participant is assuming the risk of such injury by participating. _____ (Please initial).

III. I further agree to hold harmless Putnam County Schools, including its gymnastic instructors, coaches, staff, the administrators of the classes, and the facility in which the classes are being conducted for any injury or illness incurred by participant prior too, during the course of the classes, and after. _____ (Please initial).

Appearance Clause:

Permission is granted to use my daughter's/son's picture or image in future advertisements or literature for the PCHS War Eagle Cheerleading program.

I have read and agree to the above release and appearance clause.

Date

Signature of Parent or Guardian

***Please INCLUDE \$35 CASH or CHECK (Payable to PCHS) with this form in order for registration to be complete*TURN IN TO YOUR CHILDS SCHOOL FRONT OFFICE.**

THE FRONT OFFICE WILL FORWARD TO High School