



Cheer Camp Dance Camp Mascot Camp

Cheer-Dance-Mascot Camps

June 25-28, 2010

HIGH SCHOOL ONLY 9th thru 12th

\$210 per camper Coaches \$170

\$10 discount for return campers

SPIRIT CAMP

July 23-25, 2010

6th Grade thru 9th Grade ONLY

\$175 per camper Coaches \$140

\$10 discount for return campers

**4TH AND 5TH
GRADE
SLEEPOVER CAMP
July 17-18, 2010
\$75 Per Camper**

**1st to 3rd Grade
1 Day Clinic
July 17, 2010
\$50 Per Camper**



Cat Jarzemkoski
The University of Kansas Spirit Squad
1651 Naismith Drive
Lawrence, Kansas 66045
email: catj@ku.edu phone: 785-864-3002



Summer Camp Information

All camps include :
Overnight air-conditioned facility, meals, camp mixer,
camp instruction, supervised accommodations,
seminars for coaches,
music and material provided

Instruction specific to camp choice

***Cheer Camp**—*Cheers-Chants, All girl or Co-Ed Stunting, Tumbling, Pom Stingers, College Prep Session for High School Seniors, High School Age Only*

***Dance Camp**—*Routines in Jazz, Pom and Hip Hop taught with additional material on DVD, Skill Tech, High School Age Only*

***Mascot Camp**—*Character development, Mascot Rules of do's and don'ts, skit ideas*

***Spirit Camp in July**—*Cheers, Chants, Stunting, Tumbling, Pom Stingers 6th Grade through 9th Grade only*

Instruction from one of the country's top collegiate teams
The University of Kansas
Spirit Squad

All material age-appropriate, innovative, and geared toward squads or individuals.

Our Focus is on
Safety, Learning and FUN!

Overnight Spirit Camp
July 17-18, 2010
4th & 5th Grade Only

1st to 3rd Grade 1 Day
Clinic
July 17, 2010

Contact—catj@ku.edu
Visit our website at
www.kuspiritcamps.com



Camp Forms Check List

Required: All forms and Fees are due 1 week prior to camp with the exception of the Physical Form, this form can be turned in at registration.

_____Registration Form

This form is to be filled out for each individual camper even if attending with team.

_____Registration Fee

A deposit of \$50 is required to hold registration for camp. Any team attending, a \$50 deposit for coach only. Fees will apply to final registration cost.

_____Waiver Form

The sample form includes an Assumption of the Risk, a Waiver and Release of Liability, a requirement that the parent will provide health insurance or be responsible for any resulting medical bills, and an Authorization for Emergency Medical Treatment. Can add insurance information to the bottom.

_____Insurance Information

Should ask that the parents give you a photocopy of the front and back of the insurance card when submitting the camp forms. The requested insurance information can be added to the bottom of the Release or Medical Exam forms.

_____Medical Exam Form

Should be completed not later than 12 months prior to the start of camp or clinic. For high school students, KSHAA physical exam form can be submitted in lieu of camp physical exam form.

_____Photo Release

_____Authorization to administer medication

RELEASE AND WAIVER OF LIABILITY

As the parent or legal guardian of _____ (camper name),

I give my consent for him/her to participate in the camp programs conducted and/or sponsored by the University of Kansas Spirit Camp. I understand that participation in Cheerleading, dance, and mascots, and related activities involves certain risks, and may result in unavoidable injuries. The injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my child's participating in the camp.

I further acknowledge that I agree to provide health insurance for my minor child and will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that my child may sustain during the camp and while traveling to and from the site for the camp.

I further acknowledge and authorize the employees or agents of the University of Kansas Spirit Camp, Kansas Athletics, the University of Kansas, the State of Kansas and its Board of Regents, and Catdaddy Consulting LLC dba Rock Chalk Spirit, to act according to their best judgment in any situation requiring medical attention, whether an emergency or not, until such time as I am contacted to make decisions concerning my child's treatment. If in the judgment of a physician or designee it is necessary for health care reasons to proceed with treatment without delay, this treatment may proceed without prior notification of the undersigned, although every attempt will be made to notify me in the event of such an injury or illness. I agree that any medical information provided to this camp shall be released to other health care providers who may be providing care.

Knowing these facts and in consideration of my child's participation in the camp program, I, acting as parent or legal guardian, agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the University of Kansas, Kansas Athletics, the State of Kansas and its Board of Regents, the coaches and support staff of the Kansas Spirit Squad program, Catdaddy Consulting LLC dba Rock Chalk Spirit, from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or in connection with the camp, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that my child may incur or sustain during the camp, all activities associated with the camp, and while traveling to and from the site for the camp.

I acknowledge that I have read this Release and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

Parent Signature

date

Parent/Guardian Home Phone: _____ Cell Phone: _____

Work Phone: _____

INSURANCE INFORMATION

(parent/guardian please fill out)

A COPY OF INSURANCE CARD FRONT AND BACK MUST BE ATTACHED TO THIS FORM

SUBSCRIBER: _____ RELATIONSHIP TO CAMPER: _____

SUBSCRIBER'S DATE OF BIRTH _____ SUBSCRIBER'S EMPLOYER: _____

NAME OF INSURANCE COMPANY: _____

CLAIMS MAILING ADDRESS: _____

POLICY NUMBER: _____ GROUP NUMBER _____

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge.

Signature

Date

CONSENT FOR MEDICATION ADMINISTRATION

To The Parent(s) or Legal Guardian:

If your child is under the age of 18, the KU SPIRIT CAMP requires your consent for medication administration or for your child's use of medical devices. The medication or medical device can be self-administered or be administered by KU SPIRIT CAMP administrators.

All medications must be in the original or separate medicine bottles and labeled with the camper's name. Prescription medication(s) must also include on the label the doctor's name and phone number, the medication name, and the dosage. Only send the amount of medication for the number of days that your child will be at the camp. Do not send a full bottle of medication.

Please complete the information below and check all appropriate information:

No medication has been brought to camp.

Yes, non-prescription/over the counter medications are being brought to camp. Non- prescription/over the counter medication can be self-administered (age 14 and above only). Please indicate the name of the medication(s), dosage, and reason for taking the medication:

Yes, my child is 14 or above, has the non-prescription/over the counter medication listed above but is **NOT** allowed to self-administer the non-prescription/over the counter medication

Yes, prescription medication(s) and/or medical device(s) are brought to camp.

Name of medication Prescribing doctor Doctor phone number

Dosage How is it taken Time, days to be taken

Special Instructions: _____

Yes, my child is over 14 and has my permission to self-administer the prescription medication.

Yes, a limited amount of medication for life threatening conditions may be carried by my child (age 13 and under)

Participant Name (please print)

Date

Signature of Parent or Guardian

PHOTO RELEASE

I give permission and my consent to allow photographs to be taken during camp session activities of _____
(insert child's name). I further give permission and consent that any such photographs may be published and used by
_____**(KU Spirit Camps, (dba Catdaddy Consutling LLC)** for promotional use and to illustrate and
promote the camp experience, _____**(KU Spirit Camps, (dba Catdaddy Consutling LLC)** and its camp
programs.

Signed (parent or guardian)_____

SCREENING EXAM FOR ATHLETIC PARTICIPATION

(This form maybe be used or your own physicians form) Form must be dated no earlier then 6 months prior to camp.

NAME _____ DATE _____
DATE OF BIRTH _____
ADDRESS _____

KNOWN ALLERGIES _____
DATE OF LAST TETNUS BOOSTER SHOT _____
CURRENT MEDICATIONS, OVER THE COUNTER DRUGS (INCLUDING VITAMINS),
SUPPLEMENTS _____

MEDICAL HISTORY (please check any of the following that you have experienced at anytime in the past):

- Ongoing or chronic illness
- Hospitalized overnight
- Chest pain during exercise
- High blood pressure
- Asthma
- Cough, wheezing, or trouble after or during exercise
- Racing of your heart or skipped heartbeats
- Family member or relative who died of heart disease or sudden death before age 50
- Problems with eyes (decreased vision, eyeglasses, contract lenses)
- Orthopedic injuries (sprains, fractures, ligament damage). Please describe: _____
- Surgery
- Passed out or dizziness after exercise
- Heart murmur
- Seizures
- Concussion or loss of consciousness

FEMALES ONLY: Have you begun menstruation? _____ Frequency of menses _____ Length of menses _____

I certify that the above information is complete and correct.

Signature: _____ Date: _____

PHYSICAL EXAM BP _____ PULSE _____ HT _____ WT _____

Please check if ABNORMAL and explain at bottom of page:

- Eyes/ears/nose/throat
- Lymph nodes
- Heart
- Pulses
- Lungs
- Abdomen
- Genitalia/hernia
- Skin
- Neck
- Back
- Shoulder/upper arm
- Elbow/forearm
- Wrist/forearm
- Hip/upper leg
- Knee
- Lower leg/ankle/foot

EXPLANATION OF ABNORMALS: _____

- Cleared for all athletic activities
- Not cleared for all athletic activities
- Reason _____
- Restrictions/Recommendations: _____

Signature of Examiner: _____ Date: _____

Printed name of Examiner _____

Address of Examiner _____