

## CYFA SUMMER CHEER CAMP



**Please join**

### **CLAREMORE VARSITY CHEERLEADERS**

**for fun-filled days of Cheers, Dance, & Chants!**

**Be prepared for your season's first 1/2 Time Routine!**

**WHEN: Thursday July 22<sup>nd</sup> 6- 8pm**

**Friday July 23<sup>rd</sup> 6- 8pm**

**Saturday July 24<sup>th</sup> 10am to 2pm (Please bring a sack lunch)**

**WHERE: Claremont Elementary**

**COST: \$35.00 – includes t-shirt**

**\*\*\*DIPPIN' DOTS WILL BE AVAILABLE TO PURCHASE FOR \$4.00**

**\*\*\*IN ORDER TO GUARANTEE A T-SHIRT – REGISTRATION MUST BE SENT IN BEFORE July 1<sup>st</sup>.**

**Please Mail – BEFORE July 1st – to:**

**Debbie Greggs  
2504 Forest Ridge Pkwy.  
Claremore, OK 74017**

**OR**

**Missy Lindsay  
1300 Reavis Crossing  
Claremore, OK 74017**

**This Event is Hosted by the Claremore Varsity Cheerleaders and The High School Parent Spirit Club!**

# CYFA SUMMER CHEER CAMP

Mail this REGISTRATION FORM:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

T-SHIRT SIZE: (PLEASE CIRCLE) YS YM YL AS AM AL AXL

## AUTHORIZATION FOR EMERGENCY TREATMENT

I hereby authorize any emergency physician, surgeon, medical staff, dentist or dental specialist on the medical staff of Claremore Regional Hospital, Claremore Indian Hospital, (U.S. Government) or such other named hospital and their medical staff and emergency physicians, to administer any and all emergency treatment, procedure, or medicines necessary or advisable when school officials accompany (student's name) \_\_\_\_\_ to the emergency room. I further agree to pay such hospital, doctors, medical staff and ambulance service for all services rendered to the above named child. I request that this authorization remains in full force and effect as long as my child is a student in Rogers County Independent School District No. 1, Rogers County, Oklahoma.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. \_\_\_\_\_  
**PARENT/GUARDIAN\***

\*Please circle above whether you are the parent or guardian. NOTE: A step-parent is not sufficient. It must be a biological or adoptive parent. If guardian include the following:  
Court Jurisdiction \_\_\_\_\_ Case# \_\_\_\_\_

**List adults other than parents whom we should call in the event of an illness or emergency when the parents cannot be reached.**

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>
_____	_____	WK _____ HM _____

Please check the following:

\_\_\_\_\_ MY CHILD HAS NO KNOWN MEDICAL CONDITIONS OR ALLERGIES:

CIRCLE THE FOLLOWING MEDICAL CONDITON OR ALLERGIES OUR CHILD HAS:

Allergy to medication/food/bees, etc.	Irritable Bowel Syndrome
Asthma/lung condition	Joint/Muscle condition
Diabetes	Migraines
Heart Condition	Neurological/Seizures

Current Medications \_\_\_\_\_

Please list symptoms of condition: \_\_\_\_\_

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