2019 USD Cheerleading
Home Camps

Date: May-July (based off of team availability)
Location: We come to you!
Time: 8am-5pm

Programs Offered: (please circle your selection)

<table>
<thead>
<tr>
<th>Camp Length:</th>
<th>Time:</th>
<th>Pricing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Day</td>
<td>8am-5pm</td>
<td>$50/athlete</td>
</tr>
<tr>
<td>Two Day</td>
<td>8am-5pm</td>
<td>$100/athlete</td>
</tr>
<tr>
<td>Three Day</td>
<td>8am-5pm</td>
<td>$135/athlete</td>
</tr>
</tbody>
</table>

Transportation & Lodging: $0.50/mile for mileage and/or hotel lodging (worked out between coaching staff)

Curriculum Offered: (please circle what you’re interested in)

- Cheers, Chants, Sidelines
- Effective Pyramid Building
- Safety and Spotting Techniques
- Game Day Fundamentals
- Vocals
- Basket Tosses
- Jumps
- Evaluations
UNIVERSITY OF SOUTH DAKOTA
Home Camp

ENTRY INFORMATION

SQUAD NAME:_____________________________________
CAMP DATE REQUESTING: ______________

SCHOOL:_____________________________________
SCHOOL PH. ____________________________

COACH/SPONSOR:______________________________
COACH HOME PH ________________________

COACHES ADDRESS:_____________________________
CITY ___________________ ZIP ________________

COACHES EMAIL ADDRESS: _______________________

NUMBER OF CHEERLEADERS:___________
ENTRY FEE ENCLOSED: ____________Make checks payable to University of South Dakota (USD).

CHosen PROGRAM: (PLEASE CIRCLE) ONE DAY TWO DAY THREE DAY

ATTACH THE FOLLOWING TO THIS FORM BEFORE SENDING IT IN:

1. Roster of cheerleaders with their grade.
2. Signed medical/liability release form for each participant.
3. Team Camp Goals: Please use this area to talk about the goals of your team while you are at camp. These can be skill based goals, team unity goals, pretty much anything that you want to accomplish while at camp:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

4. Anything Else: If there is anything else you would like us to be aware of for your camp experience, please let us know here:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

We look forward to working with your squad. If you have any questions or concerns you may contact:
Brooke Poppe at (605) 658-3564 OR EMAIL AT brooke.poppe@usd.edu
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks involved in participating in: Cheerleading Home Camp for the University of South Dakota.

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees, and agents for any liability for injuries to my person or property resulting from my participation in the activity listed above;

2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from my participation in the activity listed above; and

3. Consent to receive any medical treatment deemed advisable during my participation in the activity listed above.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Name ________________________________ Date of Birth _____________________

Signature ___________________________ Address________________________    Date__________

Guardian’s Name_________________________ Date of Birth__________________

Signature _______________________________ Address ______________________ Date__________