



TOWN OF RUSH/PLATINUM DANCE- CHEER CAMP 2018

***Each PARTICIPANT will receive a camp T-shirt and bow when registered by FRIDAY JUNE 22nd ***

Camp will be held at the Town of Rush fields. If the weather is inclement the camp will be in pavilion.

Checks Payable to: Rush Town Clerk, 5977 East Henrietta Rd., Rush NY 14543

Ages 5-13

This form must be completed for each participant.

When:	Time:	Cost:
Monday-Thursday July 9th-July 12th 2018	9:15AM-11:30AM (July 12th 9:15AM-11:45AM)	\$60.00 Rush Resident \$65.00 Non-Rush resident

Participant Information

Participant name: _____ Date of Birth: _____ Grade entering 2018: _____

Address: _____ City: _____ Zip Code: _____

Parents email address: _____ **Youth T-Shirt size:** _____

Home Phone: _____

Parental/Guardian Information

Mother/Guardian Full Name: _____ Evening Phone: _____

Father/Guardian Full Name: _____ Evening Phone: _____

Emergency Contact (if different from parent/guardian)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Names of Designated Adults authorized to pick up participant

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Does this child have any conditions we should be aware of? Yes No

If yes, please list: _____

I, the [parent] [legal guardian] of the child named on the registration form, who is enrolling in the Rush cheer camp, give my approval to his/her participation in activities related to this program. I acknowledge that I fully understand any and all risks which are or may be associated with this program and the child's participation in such program and activities. I represent to the Town of Rush and the Rush Recreation Program that I know of no medical condition which could or should prevent the child from participating in said program.

I further, hereby release, indemnify and hold harmless the Town of Rush and the Rush Recreation Program's respective officers, employees, officials, boards, commissions, committees, and any members of the same and the instructors and counselors, conducting or taking part in the program. In the case of injury to my child, I hereby waive all claims against teach and all of the above-mentioned persons or entities. I likewise waive, to the extent not covered by liability insurance, any claim against any person, or entity, transporting my child to or from the activities.

Parent/Guardian Signature: _____ Date: _____ (If participants are under 18)