

# Summer Spirit Spectacular Youth Cheer Camp

Hosted by the

**Delaware Valley High School Cheerleaders**

**Dates:** Wednesday 8/3/22 – Friday 8/5/22

**Location:** DVHS Green Gym (use Pool entrance)

**Cost:** \$85 (includes a t-shirt) – Make checks payable to DVHS CHEER

**Open to grades:** K-6

**Time:** 9am – 12pm

Name of Participant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_

2022-2023 Grade: \_\_\_\_\_ T-shirt size: YS YM YL AS AM AL

Please fill out the release form on the back of this sheet.  
All information must be completed and signed before mailing to

DVHS CHEERLEADING  
c/o J. Marchetti  
252 Rte 6 and 209  
Milford, Pa 18337

Questions?  
Contact: Jen Marchetti [marchettij@dvsd.org](mailto:marchettij@dvsd.org)

***\*\*All registration forms and payment must be postmarked by 7/15 to guarantee a t-shirt!***



## WAIVER OF LIABILITY

I (parent or guardian), \_\_\_\_\_  
Hereby waive and absolve Delaware Valley School District, the Delaware Valley High School  
Cheerleaders, and all divisions thereof any and all liability and responsibilities for injuries, sickness,  
accidents, and/or acts of God incurred during the participation and activities in the 2020 Summer Spirit  
Spectacular cheerleading camp by

Myself/my child \_\_\_\_\_ 2022-2023 grade \_\_\_\_\_.

I (parent or guardian), \_\_\_\_\_, do hereby acknowledge that myself/child

\_\_\_\_\_ has insurance coverage..... OR .....\_\_\_\_\_ has no insurance coverage (check one)

and I (parent/guardian) \_\_\_\_\_ accept financial responsibility for care and/or treatment  
(myself/my child) \_\_\_\_\_ should need in case of an emergency during the 2020  
cheerleading camp. I agree not to hold Delaware Valley School District or any of its assigned  
representatives or agents financially responsible for care and/or treatment in case of an injury to the above  
named participant.

**Cheerleading carries with it potential hazards. You / your child could fall, be knocked over, run into,  
or bumped; receive bruises, broken bones, concussion, and serious injury as a result of some sort of  
gymnastic and/or aerobic stunts practiced or performed as part of the cheerleading program.**

In consideration of my signed release allowing my child/myself to participate in this DVSD event, I,  
intending to be legally bound, do hereby, my heirs, executor and administration, waive, release, and forever  
discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me  
against the Delaware Valley School District, their directors, or their respective employees, office, agents,  
representatives, successors, and/or assignee, for any and all damages which may be sustained or suffered by  
me or my child in connection with my association with or participation in, or rising out of travel to/or return  
from the respective clinic site. In the event of injury/accident/sickness, DVSD officials and/or instructors  
are to contact the designated adult listed below.

I hereby give my permission for myself/my child to be photographed, videotaped, and or audio taped  
during any DVSD cheer activity. I further give my permission for such photographs, videotapes, and  
audiotapes to be used in print or broadcast media as deemed appropriate for promotion of DVSD  
cheerleading activities and for publicity surrounding participation in DVSD cheer events.

### IN CASE OF EMERGENCY CALL:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Doctor Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies / Medications: \_\_\_\_\_