



Valparaiso University Cheer and Dance Clinic

Saturday, October 22, 2011 at the Athletics-Recreation Center

Kindergarten through 6th Grade

Noon - 4:00 p.m. (CT)

Performance at the VU Volleyball game immediately following (concluding at approximately 6:00 p.m.)

Meal will be served in late afternoon

\$40 (includes T-Shirt)

Pre-registration is encouraged, but participants can also register on day of clinic

Registration starts at 11:00 a.m. in the Athletics-Recreation Center

Questions? Please call Laura at 219-628-3833

Please make checks payable to Valparaiso University and send completed registration to:

Athletics-Recreation Center

Attn: Laura Yoder

1009 Union Street

Valparaiso, IN 46383

Name: _____ Grade: _____

Parent/Guardian Name: _____

Phone Number: _____

Address: _____

Tee Size: YS YM YL AS AM AL

NAME OF CAMP: Cheer & Dance **CAMP DATES:** 10/22/11

1. PERSONAL INFORMATION (PLEASE PRINT)

Phone _____ Date of Birth _____ Age _____

IN CASE OF EMERGENCY NOTIFY: _____

Address_____

2. FAMILY HISTORY (PLEASE CONSULT PARENTS)

Diabetes Tuberculosis Cancer Heart Disease Kidney Disease Migraine

3. PERSONAL HISTORY

Immunization Record (include dates, if possible, if not please specify if shots are current)

Most Recent TETANUS BOOSTER:_____

Allergies – Particularly to medications (please list)

Have you had any of the following: (please circle)

Asthma Bleeding Disorder Diabetes Heart Condition Kidney Disease

Please list any of the following you have had and note the dates:

Head Injuries _____

Fractures (please specify)_____

Surgery _____

Hospitalization _____

List any medications you are currently taking and include directions:_____

4. PHYSICIAN'S COMMENTS (OPTIONS)

Note to physician: Please provide a brief history of the camper's problem, any pertinent physical findings or laboratory values, and a description of therapy. Also please list any ways in which we may help to care for your patient. Thank you.

5. INSURANCE INFORMATION (participant **MUST** be covered by a health insurance policy)

Name of Company_____

Company Address_____

Group Number_____

6. MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE

I, the undersigned parent or guardian, do hereby grant my permission for my daughter/son to attend the Valparaiso University Sports Camp in all activities thereof. In the event of an injury or illness during these activities, even if I cannot be directly contacted at the time, I hereby authorize Porter Memorial Hospital to provide the medical treatment deemed necessary. I hereby release Valparaiso University and Porter Memorial Hospital and their agents, employees, and representatives from any and all claims and liability arising in any way out of its exercise of this authority. I understand and agree that all bills for medical care and treatment will be forwarded to my insurance company or me, and that it will be my responsibility to see that such bills are paid. I further acknowledge, understand, and agree that in participating in this activity there is a possibility of physical injury or illness and that my daughter/son is assuming the risk of injury by his/her participation. I further authorize the program director of his/her staff, or the training room staff to administer non-prescription analgesics for minor problems such as headaches, etc.

Parent / Guardian signature_____ Date_____