**GB CHOREO CAMP ITINERARY**

|  |  |
| --- | --- |
| 10:15am | Arrive to GHS |
| 10:30am  | Depart GHS |
| 1:30pm | Grand Blanc Choreo camp begins |
| 5pm | Camp ends |
| 5-6pm | Dinner |
| 9pm | Arrive to GHS for pickup |

Attached you will find the athletic waiver. Each athlete must have a signed waiver in order to participate. Please bring them Saturday morning to take down with us.

All athletes must be masked when not actively practicing, going to and from the restroom or when rotating between sessions.

We will be at WEST CAMPUS on **1 Jewett Trail Grand Blanc Mi 48439**. If you just google Grand Blanc High School it will take you to our main campus.

Please make sure to enter the address provided. The front of the building will say West Campus. Enter the building at the bottom of the hill to the left. Once in the building follow the hallway down and the turf gym will be on your left.

Make sure to bring water. Public water fountains will not be available.

The first rule to competitive season is preparation. Our Winter Workshop will help prepare your team to take it to the next level! We can't wait to work with you and your team!

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\*PACK A COOLER WITH FOOD FOR THE DAY! WE WILL STOP AFTER CAMP TO GRAB FOOD QUICKLY AND BACK ON THE ROAD

\*BRING EXTRA COMFY CLOTHES FOR TRAVEL

\*BLACK SHORTS & NAVY TEAM SHIRT TO BE WORN. HAIR BRAIDED.

NO JEWELRY OR NAIL POLISH.

**Medical Information Form**

Athlete Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Athlete’s School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

In the case of an emergency, who would be the best person to contact

Contact # 1

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact # 2

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

Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Doc. Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name on Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Group #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT HEALTH INFORMATION:**

*Contacts worn:* Yes/No *Asthma:* Yes/No *Inhaler:* Yes/No Recent Injuries:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: (List)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is a release of liability and waiver of certain legal rights

As additional consideration for Total Effect Cheer LLC allowing both my participation in an athletic training program or instruction and use of its facilities, I agree to the following Waiver and Release: I acknowledge that participation in any athletic training program, including but not limited to gymnastics, dance, tumbling, tumble track, and stunting, has certain inherent risks, hazards, and dangers which cannot be completely eliminated despite all safety precautions, including the potential for severe injury, paralysis or death. I AM VOLUNTARILY PARTICIPATING IN THE ATHLETIC TRAINING PROGRAM(S) AND INSTRUCTION OFFERED BY TOTAL EFFECT CHEER WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

I, for myself, my heirs, successors, executors, and assigns, hereby KNOWINGLY AND INTENTIONALLY WAIVE, RELEASE, AND HOLD HARMLESS FAST, its members, directors, officers, agents, employees, contractors, instructors, coaches and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorney’s fees) arising directly or indirectly from my participation in any athletic training program or instruction offered by Total Effect Cheer or arising while I am under the instruction, supervision, and/or control of Total Effect Cheer, regardless of whether the damage, loss, injury, paralysis, or death results from the negligence of Total Effect Cheer or from some other cause.

**Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

As legal guardian of **(Waiver Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** I hereby give my consent for her/him to participate in all events at Total Effect Cheer. I recognize that potentially severe injuries can occur in any sport, including cheerleading. Should such an injury occur I agree to hold harmless Grand Blanc High School, Total Effect Cheer and any/all of their employees and/or it’s contractors. I hereby agree to individually provide for the possible future medical expenses, which may be incurred as a result of injury sustained by my child while at camp. I give my permission for the athletic trainer, Total Effect personnel, or team coach to use their own judgment in applying first aid treatment and securing medical aid, ambulance/emergency service until the parent(s) or guardian can be contacted. Any medical insurance we may carry is agreed to be excess of any other collectible and valid insurance available to the participant. In other words, our insurance begins where yours ends we therefore require your current insurance information to use in the event of an emergency.

**Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Release**

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the person named above by . I also grant Total Effect Cheer to the right to edit, use, and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of media. I also hereby release Total Effect Cheer and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

**Initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or Guardian Signature) (Date) (Print Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Athlete’s Name)