

2014 Paws and Claws Cheer Camp

July 21nd - 24th, 6:00 pm to 8:00 pm

York High School Gym

Open to all 5 year olds thru 14 year olds

\$40 Till July 16th \$45 after July 16th

(Includes T-Shirt/No Refunds)

Name: _____ Age: _____

PYFCO League: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

T-Shirt Size (**Make sure! No substitutions.**)

Circle Size: YM YL AS AM AL AXL A2XL

Mail both forms and a check made payable to YSYFCL, Inc. to:

**YSYFCL, Inc.
PO Box 1
Seaford, VA 23696**

Preregister **before 16 July. DO NOT MAIL AFTER THIS DATE.**

Bring the form the first day and be there 15 minutes early.

Late registrations or walk-ons are not guaranteed a T-Shirt.

Wear cleats or tennis shoes, t-shirt and shorts.

Water, Gatorade and other refreshments will be available for purchase.

Both forms must be received for your child to be registered.

For more information, please email yspresident@live.com.

Medical Release Form

I certify that the named Camper is physically fit for playing football and other related activities and has my permission to participate in the camp program. In case of an emergency, I understand that every attempt will be made to contact me. If contact is unsuccessful, I authorize the York-Seaford Staff to perform immediate medical care, which includes but is not limited to the referral of other appropriate allied health care professionals, for any injury/illness that may occur while this individual is participating in camp activities. Any expense arising from injury is the responsibility of the person signing below. I hereby authorize the staff of the York-Seaford to provide any care or medical treatment as deemed necessary to my minor son, (Print Name): _____

_____. I understand that the consent & authorization herein granted does not include major surgical procedures and are valid only during camp. Please list below any medications currently being taken or any allergies and/or medical conditions that might restrict this individual from participating in any camp activities:

If the Participant has a medical condition that could require medicine during participation, it is the responsibility of the Participant to supply their medicine daily (i.e. Asthma - Inhaler). All registrants must be enrolled in a primary medical insurance program through their Parent / Guardian. I, the undersigned Parent/Guardian, certify that I have ensured that the Participant has a primary medical insurance plan and has engaged in a sound nutritional diet which includes both hydration and food consumption, both before and after camp participation.

Date: _____ Emergency Phone: _____ Signed [Parent/Guardian]: _____