



# Hawks Cheerleading Summer Tumbling Day Camp

**Who:** *Anyone who wants to learn how to tumble or improve on the skills they already have*

**When:** Camps are run every Tuesday and Thursday during July and August from:  
9:00am – 3:30pm  
Session 1: Starts July 7<sup>th</sup>  
Session 2: Starts August 4<sup>th</sup>  
There are 8 classes in each session

**Where:** Hawks Cheerleading Club  
10 Carlow Court, Unit 9 Whitby, ON

**Cost per session:** \$198.00 if you are a Hawks Member  
\$208.00 if you are NOT a Hawks Member

Come out and learn to tumble, work on the skills you already have, or improve on some new skills. Jump and tumbling combination, conditioning and flexibility will also be worked on during this camp.

Register early and bring some friends. Lunch and snack times will occur please make sure your athlete brings their own snacks and lunch. The cheques and registration forms can be sent to the club before the camp begins.

For any further information please e-mail:

[info@hawkscheerleading.ca](mailto:info@hawkscheerleading.ca)



**Hawks Cheerleading Club  
PARTICIPATION, RELEASE OF LIABILITY,  
WAIVER OF CLAIMS AND INDEMNITY  
AGREEMENT**

**Program:  
SUMMER  
DAY CAMP**

**PLEASE PRINT CLEARLY**

Athlete Name _____	Home Phone _____
Address _____	Athlete's Cell Phone _____
_____	Birth Date _____
City _____ Postal Code _____	Age as of May 31, 2009 _____
Emergency Contact Name _____	Phone Number _____
School as of Sept 2009 _____	Athlete Email Address _____

**WARNING!**

**By signing this document you will waive certain legal rights, including the right to sue. Please read carefully.**

**ALL SPORT, INCLUDING CHEERLEADING, HAS ITS RISKS**

I desire to voluntarily participate in cheerleading. I hereby acknowledge that I am aware of the risks and hazards associated with or related to cheerleading. The risks and hazards of cheerleading include, but are not limited to, injuries relating to:

- Executing strenuous and demanding physical techniques;
- Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements and quick turns and stops;
- Exerting and stretching various muscle groups;
- Dryland training;
- Falling or colliding with the floor, mats, walls, stands, equipment or with other participants;
- Failing to properly use any piece of gymnastics equipment or from the mechanical failure of any piece of gymnastics equipment;
- Contacting or being struck by other participants (including spotters), spectators or equipment;
- Travel to and from competitive events and associated non-competitive events.

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

Furthermore, I am aware that:

- Injuries sustained in cheerleading can be severe and even fatal;
- Injuries sustained in cheerleading can render me permanently paralyzed;
- I may experience anxiety while challenging myself during the activities, events and programs;
- Rules are designed to enhance the safety of myself and others and are to be followed at all times;
- My risk of injury increases as I become fatigued.

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

**I AGREE TO BE RESPONSIBLE FOR MYSELF:**

I agree that there are risks in cheerleading as described above. By participating voluntarily in these events, activities and programs, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in these events, activities and programs. In consideration of my participation in cheerleading programs, activities and events, I hereby release the Oshawa Hawkeyes Football Club, the Hawks Cheerleading Club, their respective directors, officers, managers, members, employees, coaches, volunteers, officials, participants, agents, owner's/operators of the facilities and representatives' from any and all claims, demands, actions, injuries, expenses and costs which might arise out of my participation.

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

**I HAVE READ THIS DOCUMENT CAREFULLY AND I ACKNOWLEDGE MY RESPONSIBILITIES AND THE EFFECT OF THIS WAIVER OF LIABILITY**

**I ACKNOWLEDGE MAKING THIS AGREEMENT:** I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

Name of participant \_\_\_\_\_  
(please print)

Name of Guardian/Parent \_\_\_\_\_  
(please print)

Signature of participant \_\_\_\_\_  
(If over 18 years of age)

Signature of Guardian or Parent \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

Pick up instructions \_\_\_\_\_



## Hawks Cheerleading Club MEDICAL HISTORY FORM

*Please provide details for all that apply below:*

Athlete Name:							
Health Card Number							
Doctor's Name		Doctor's Phone Number					
Do you suffer from any of the following:		Yes	No		Yes	No	
	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Do you have an EpiPen?	<input type="checkbox"/>	<input type="checkbox"/>	
	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Recurring Sore Throat?	<input type="checkbox"/>	<input type="checkbox"/>	
	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Do you require a Puffer?	<input type="checkbox"/>	<input type="checkbox"/>	
	Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	
	Migraines	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
	Concussions	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	
Other we should be aware of:							
Medical conditions under treatment:		Pre-existing injury being treated:					
Medications currently taking:		Conditions being treated by:					
Daily medication schedule:		Other:					
Contact Lenses:		Yes <input type="checkbox"/>	No <input type="checkbox"/>				
I understand that I am responsible to let my coaches/managers know of any injury that may hinder my ability to perform at any activities put on by the Hawks Cheerleading Club.							
Signature of Parent/Guardian /Cheerleader (Over 18 years)				Date			
I hereby grant permission to licensed hospitals and/or health care staff members to administer immediate medical treatment as deemed necessary to me/my child should I/she/he be injured during a Hawks Cheerleading Club event at which I am/they are participating.							
Signature of Parent/Guardian /Cheerleader (Over 18 years)				Date			
Further, I understand that I am responsible for payment of expenses incurred relating to my own/my daughter/son's medical treatment.							
Signature of Parent/Guardian /Cheerleader (Over 18 years)				Date			