

Northwest Baptist Church's
3rd Annual

MIDDLE SCHOOL
Cheer Camp

Middle School *Girls* Cheer Camp

Sunday, June 24th - Thursday, June 28th

6:00 - 8:30 pm

Northwest Baptist Church

For girls entering 7th – 9th grades

FREE of charge

Send or deliver application to:

**Northwest Baptist Church
300 Westminster Road
P.O. Box 372
Reisterstown, MD 21136**

**Phone 410-833-7220
www.NorthWestBaptistMD.org**

Middle School Cheer Registration

Please note:

1. Forms must be filled out completely (incomplete forms will **NOT** be processed).
2. Camp is for middle school *girls* entering SEVENTH through NINTH grades ONLY.
3. Confirmation letters will be sent out **3-4 days** prior to the start of camp.

Name of Middle Schooler _____

Street Address _____

City _____ State _____ Zip _____

Email address _____

Parent(s) Name(s) _____

Parent(s) Phone Number(s) _____

In Case of Emergency, Contact _____ at _____

Date of Birth _____ Name of School _____ Grade Entering _____

Name of Home Church (if any) _____

Donation Included? _____ (Amount) (checks payable to Northwest Baptist Church - MSAC)

Please note that attendance is essential to the success of the camp and the cheers that will be taught. I understand this is a one week program, and I commit to my daughter attending each night, Sunday through Thursday, barring any unforeseen circumstance.

Signature of Parent/Guardian

Date

Medical Release/Parental Consent Form

I, _____, hereby authorize my daughter _____, to attend Northwest Baptist Church's Middle School Cheer Camp. I further agree that the leaders are duly authorized to obtain professional medical and/or hospital care for any and all types of medical emergencies that may arise during this event.

This agreement authorizes any licensed hospital or professional to render medical/surgical care as deemed necessary in the event of an emergency. Hospital expenses and/or medical expenses are provided for by my insurance company. I further understand that I am responsible for any financial obligations that are not covered by my/our insurance carrier.

Insurance Carrier: _____

Policy #: _____

Contact Name: _____

Doctor's Name: _____ Doctor's Phone Number: _____

*I give permission for my daughter to be administered Tylenol or Motrin by the camp nurse (circle one): **Yes or No***

I understand that all reasonable measures to keep my daughter safe will be taken; however, if any injury occurs, I will not hold Northwest Baptist Church responsible.

Signature of Parent/Guardian

Date

Allergy Information and Dietary Restrictions

My daughter has the following allergies or medical conditions:

