



# PLAINFIELD NORTH TIGERS

## PNHS Cheerleading Youth Camp 2017

Show your school spirit by joining the PNHS cheerleaders in a 3-day cheer camp and a performance at a Friday night Football game!

Open to K-8<sup>th</sup> Grade students  
September 12<sup>th</sup>-14<sup>th</sup> from 4 p.m. to 6 p.m.  
Location: PNHS Field House

\$50 registration fee for participants (*cash or check - make payable to PNHS*)

Need more information? Contact Coach Gloede at [pnhscheer@gmail.com](mailto:pnhscheer@gmail.com)

- All participants will receive a t-shirt & bow to wear at the performance
- Grades K-3 will perform during the JV half time game on Sept 15<sup>th</sup>
- Grades 4-8 will perform during the Varsity half time on Sept 15<sup>th</sup>

### REGISTER NOW!

- Fill out the form below to register (each athlete requires a separate form)
- All participants must have a parent release form signed before the start of camp.  
Waivers are available on the PNHS Website

Register by Monday, August 28<sup>th</sup> to be guaranteed a t-shirt & bow for the performance!

Please detach completed form below and mail or drop off with payment to:

Stephanie Gloede                      12005 S. 248<sup>th</sup> Ave., Plainfield, IL 60585

Name of Athlete: \_\_\_\_\_ Athlete's Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_ Alternative Contact: \_\_\_\_\_

T-Shirt Size (circle one): Youth Sm Youth Med Youth Lg Adult Sm Adult Med Adult Lg

<i>Office Use Only:</i>	
Date Registered: _____	Payment Received: _____

Please fill out all information and have Parent/Guardian sign in all areas as each represents a different piece of information.

**Plainfield Community Consolidated School District 202  
High Schools Club and Activity Code**

**Club/Activity** \_\_\_\_\_

**Student Name** \_\_\_\_\_

**ID #** \_\_\_\_\_ **Grade** 9 10 11 12

**Date of Birth (MMDDYY)** \_\_\_\_\_ **Age** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

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

**Father's Work #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Mother's Work #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Insurance Waiver**

My child (ward) \_\_\_\_\_ is fully covered by my insurance and we do not wish to apply for the school insurance for sports coverage. I understand that I waive all responsibility for the school insurance in the event of injury.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Consent for Participation and Emergency Medical Treatment and Waiver**

I/We have read the entire document within the student handbook, understand and agree to abide by its terms.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Consent Form**

We have read the extracurricular activity code and agree to abide by the Guidelines set forth.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_