

BISHOP CANEVIN Youth Cheerleading Camp Registration & Permission Form

Camp Dates: July 31 and August 1, 2025

Camp Times: 13:30 - 3:30 PM

Location: Bishop Canevin High School Gym

Registration Deadline: June 30, 2025

Camper Information

Child's Full Name: _____ **Date of Birth**

(MM/DD/YYYY): _____

Current School: _____

Grade in Fall 2025: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

T-Shirt Size (select one)

☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ Adult Small ☐ Adult Medium

Photo Release Permission

Please indicate your preference regarding the use of your child's image:

- **Bishop Canevin High School Website:** ☐ Yes ☐ No
- **Bishop Canevin Cheerleading Instagram Page:** ☐ Yes ☐ No

PERMISSION

I, the parent or guardian of the above-mentioned child, give permission for my child to participate in the above-mentioned event, to be held on the date shown.

INDEMNIFICATION

In consideration of the sponsoring school's agreement to allow my child to participate in the above event, and intending to be legally bound hereby, I agree to indemnify and hold harmless the sponsoring school and the Roman Catholic Diocese of Pittsburgh, their agents, successors and legal representatives, from any and all claims, demands, and actions at law or inequity that may hereafter at any time be brought by myself, my child or anyone acting on her behalf from any and all liability for personal injury (including death) and property losses or damage sustained by my child as a result of, or in any way related to her participation in the above event.

In addition to releasing Bishop Canevin High School and the Diocese of Pittsburgh from any liability due to occurrences during the event described above, I also release the group leader and the other chaperones from personal liability for consequences incurred due to the behavior of my child while traveling with the group or any other incident.

EVENT POLICIES

This program has been designed for the benefit of all campers attending. The teachers, group leader(s), coach(es), and chaperone(s) will be responsible for ensuring that the campers adhere to the schedule of the program. I agree that in case of injury to my child, I will apply my hospitalization and accident insurance toward payment of the expenses incurred and will not look

to the sponsoring school or the Roman Catholic Diocese of Pittsburgh for payment of any medical costs or injury related costs.

MEDICAL AUTHORIZATION

In the event of any injury or illness to my child during her participation in this camp, I hereby give my permission for the necessary medical treatment to be given to my child. I, for myself, for my child our respective heirs, and my respective legal representatives, do hereby indemnify and hold harmless any representative of the sponsoring school from any and all claims, demands and causes of action of whatever kind and nature for their actions taken pursuant to this authority.

Medical Information

Insurance Carrier: _____

Please list all food/medications/allergies/specifications:

Parent/Guardian Consent

Printed Name: _____

Signature: _____ **Date:** _____

Please return this form with payment to the Bishop Canevin main office no later than June 30, 2025. Cash is accepted, or checks made payable to Bishop Canevin with "Cheerleading Camp" in the memo line.