

# Winter 2017-18

## Kids' Cheerleading Camp



*Includes:* cheers, chants and jumps,  
t-shirt, daily snack & crafts,

dance performance at LHS Varsity Basketball Game  
Taught by the Lakeside High School Cheerleaders

<b>Wednesday</b> January 17 3:15pm-6:00pm	<b>Thursday</b> January 18 3:15pm-6:00pm	<b>Friday Night</b> Performance January 19 <b>at the 5:45pm Girls'</b> <b>Basketball Game</b>
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Bussing will be provided from Lake Spokane Elementary and Nine Mile Elementary to Lakeside High School. Cheer Camp will be located in the Cafeteria.

- \$30/child, \$25/each additional child from the same family (you must submit your registrations together)  
*Note: Your child may enter the basketball games for free, but we are unable to include tickets for parents/spectators.*
- Questions: Contact Coach Caitlin Tumlinson at ctumlinson@9mile.org or (509) 340-4227
- **Payment/registration must be RECEIVED at LHS office by 2:30pm Monday, Jan. 5th to guarantee a t-shirt.**

Lakeside High School c/o Caitlin Tumlinson  
5909 Highway 291 Nine Mile Falls, WA 99026  
*Please make checks payable to Lakeside High School*

- **LATE and AT-THE-DOOR REGISTRATIONS cannot guarantee a t-shirt.**
- **LSE and NFME CANNOT accept your registration or payment. Please bring/send to the High School.**  
Please return the following portion with your payment. Please PRINT neatly. 😊

I, the undersigned parent or guardian, do hereby grant permission for my child \_\_\_\_\_, to participate in the activity of cheerleading at Lakeside High School. I understand that this activity involves risk to the participant. In order that my child may receive the necessary medical treatment in the event he/she may sustain injury or illness during participation in this activity, I hereby authorize the cheerleading coach or other supervising adult to obtain medical treatment for my child for such injury or illness during the activity, and I hereby hold Nine Mile Falls School District, Lakeside High School and its representatives harmless in the exercise of authority. **I understand that I am responsible for picking my child up promptly after each session at 6:00pm and that supervision is not available beyond that time.**

Phone Number During Camp Times \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Brief Medical History and Allergies \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

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

<b>Grade</b>	K	1	2	3	4	5	<b>School</b>	NMFE	LSE
<b>T-Shirt Size</b>	Youth S	Youth M	Youth L	Adult S	Adult M	Adult L			

Cash  
 Check # \_\_\_\_\_