



QUINCY NOÏRE DAME POM CAMP

Come perform with the QND Pommers at halftime of a Varsity Boys Basketball Game!

WHO: Girls in Pre-School-8th grade (Age 3 and up)

WHEN: Friday, Dec. 8th from 5:15pm-Halftime (check in starts @ 5pm)

****Varsity game starts at 7:00PM. Parents pick girls up after halftime in the Multipurpose Room**

WHERE: QND Gym at 10th and Jackson! Check in at front lobby.

Attire: Comfortable sweat/dance pants and/or shorts. T-shirt will be provided to wear for the performance.

COST: \$30 - Includes t-shirt, pizza & snack, and admission into the game

Additional items will be for sale such as Hair Bows, Poms and t-shirts

****WE WILL BE PICKING OUR NEW POM MASCOT AT THIS CAMP. Campers will be broken down into age groups****

To **GUARANTEE** T-shirt size, please return **by Friday, December 1st** – *if not pre-registered we will have additional t-shirts just not a guaranteed size*

Questions: Contact Coach Jennifer Duesterhaus (217) 316-2046 or

Email: qndpomcoaches@gmail.com

Pre-registration not required, but recommended for T-shirt size

Mail checks payable to QND Pom Pon and completed form to:

Quincy Notre Dame High School

Attention: Pom Pon

1400 S. 11th

Quincy, IL 62301

Name: _____

Grade/Age: _____ School: _____

Emergency Contact: _____ Phone: _____

T-Shirt: Youth ___sm ___med ___lrg ___xl
 Adult ___sm ___med ___lrg ___xl

In consideration of the permission granted to my child by Quincy Notre Dame High School, Quincy, Illinois, to participate in QND Pom Pon camp on Saturday, December 8th, 2017, I hereby release and discharge QND, its agents, employees, and officers from all claims, demands, and actions which the undersigned ever had, or now has, or may have, or which the injuries, known or unknown, and injuries to property caused by, or arising out of the above-described sports activity. I further acknowledge that I have adequate medical insurance to cover any medical costs relating to injury or accident arising from participation in the above sport activity. In case of injury to my child, permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray, examinations, and immunizations. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If communication with said physician is not possible, I hereby authorize the treatment necessary for the best interest of my child.

Date: _____ Parent/Guardian Signature _____