




# **QUINCY NOTRE DAME** **POM CAMP**





**“MY OH MY WHAT A WONDERFUL DAY”**


**to come out and**
  


**perform with the QND Pommers at the QND Football Game!**


**WHO:** Girls in Pre-School-8<sup>th</sup> grade (Age 3 and up) 

**WHEN:** Friday, September 13<sup>th</sup> from 5:15pm-Halftime (check in starts @ 5pm)   
 \*\*\*Varsity game starts at 7:00PM. Parents pick girls up after halftime in the QND Gym

**WHERE:** QND Gym at 10<sup>th</sup> and Jackson! Check in at front lobby. 

**Attire:** Navy/Black 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 

To **GUARANTEE** T-shirt size, please return ***by Friday, September 6<sup>th</sup> – 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](mailto: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. 11<sup>th</sup>**

**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 Friday, September 13<sup>th</sup>, 2019. 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 have adequate medical insurance to cover any medical costs relating to injury or accident arising from participation in the above sports 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** \_\_\_\_\_