



QUINCY NOTRE DAME CHEER CAMP

Come perform VALENTINES DAY themed routines with the QND Cheerleaders at halftime of a Varsity Boys Basketball Game

WHEN: Saturday, Feb. 12th from 5:15-Halftime of Varsity game (check in starts @ 5 PM in main lobby)

Varsity game starts approx. 6:30PM. Parents pick up girls after halftime in the Multipurpose Room*

WHERE: QND Multipurpose Room @ 10th and Jackson. Check in at front lobby.

AGES: 3 years to 8th grade (will be split into groups based on age)

ATTIRE: Comfortable shorts/pants to cheer/stunt in. T-shirt will be provided to wear for the performance.

MUST BRING MASK TO WEAR DURING CAMP- WILL NOT WEAR WHILE PERFORMING!

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

To **GUARANTEE** T-shirt size, please return by **Friday, February 4th**, - (if not pre-registered we will have additional shirts, just not a guaranteed size).

Questions: Contact Coach Allison Staicoff at qndcheer@yahoo.com

Pre-Registration is not required, but recommended for t-shirt size

Mail checks payable to QND Cheer and completed form to:

Quincy Notre Dame High School

Attention: Cheerleading

1400 S. 11th St.

Quincy, IL 62301



2022 QND CHEERLEADING KIDDIE CAMP REGISTRATION FORM

SATURDAY FEBRUARY 12TH, 2022

Name: _____

Grade/Age: _____ School: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Emergency Contact: _____ Phone: _____

T-SHIRT : Youth ___sm ___med ___large ___xl

Adult ___sm ___med ___large ___xl

ALLERGIES: NO YES

List Allergies: _____

In the consideration of the permission granted to my child by Quincy Notre Dame High School, Quincy IL to participate in the QND Cheer Camp on February 12th, 2022. I hereby release and discharge QND , it's 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 injuries to the property causes by or arising out of the above described sport activity. I further acknowledge that I have adequate medical insurance to cover any medical cost relating to injury or accident arising from participation in the above mentioned sport activity. In case of injury to my child, permission is granted to the attending physician to contact me in the most expeditious way possible. If communication with said physician is not possible. I authorize the treatment necessary for the best interest of my child. QND Cheer and its coaches are not responsible for accidents.

DATE: _____ Parent/Guardian Signature: _____