



QUINCY NOTRE DAME POM CAMP



We are throwing things back in time with this year's pom camp. Come perform in "THROWBACK" colors and music with the QND Pommers at halftime of the QND Football Game!

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

WHEN: Friday, September 23rd from 5:45pm-Halftime (check in starts @ 5:30pm)

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

WHERE: QND GYM. Check in will be in the main lobby of the school.

ATTIRE: Navy/Black Comfortable sweat/dance pants and/or shorts. T-shirt will be provided to wear for the performance. Shirt color will be navy.

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

We will have additional items for sale: Poms (all different colors)/old tshirts/old pom uniforms.

To GUARANTEE T-shirt size, please return ***by Monday, September 19th – if not pre-registered we will have SOME 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 Friday, September 23rd, 2022. 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 _____