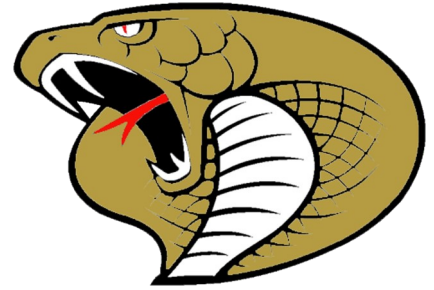


# Cobra Camp 2017



- When:** August 7, 2017  
8:00 AM– 1:00 PM
- Where:** Jackson Heights High School
- Who:** Any boy or girl entering grades K-6 in Fall 2017  
Hosted by the Jackson Heights High School Cheerleaders
- Price:** \$25/per child or  
\$20/per child for families registering 3 or more children
- Details:** Cobra Camp is a chance for kids to get out and have fun right before school starts up again! There will be many activities including: baseball/softball, football, water games, dancing, art, and much more! The high school cheerleaders will care for the kids along with volunteers from the high school. We hope to see everyone there!
- Bring:** Kids will need to bring a sack lunch with them and a baseball glove if they have one. It is also recommended that they wear sunscreen and clothes they can get wet in.

This form is due August 1, 2017. Please mail form and money to:  
**Jackson Heights High School Cheerleaders 12763 266<sup>th</sup> Rd. Holton, KS 66436**

If anyone has questions feel free to contact: Tara Williams at (785) 305-1202 or Chase Gigstad at (785) 741-0262.

Name of Participant #1: \_\_\_\_\_ Name of Participant #2: \_\_\_\_\_

Grade Entering in Fall: \_\_\_\_\_ Circle One M F Grade Entering in Fall: \_\_\_\_\_ Circle One M F

Name of Participant #3: \_\_\_\_\_ Name of Participant #4: \_\_\_\_\_

Grade Entering in Fall: \_\_\_\_\_ Circle One M F Grade Entering in Fall: \_\_\_\_\_ Circle One M F

Mother/Guardian's Name: \_\_\_\_\_ Father/Guardian's Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_ Child's Medication: \_\_\_\_\_

## RELEASE AND HOLD HARMLESS AGREEMENT

In signing this release for myself or for the named below (if the entrant is under the age of 18) I acknowledge that I understand the intent hereof, and hereby agree to and will absolve and hold harmless Jackson Heights High School and other jurisdictions through this camp or event, any other parties connected with this camp or event in any way whatsoever, singly or collectively, from any blame or liability for injury, misadventure, harm, loss, inconvenience or damage suffered or sustained as a result of participation in the Jackson Heights Cobra Camp or in activities associated therewith. I also hereby consent to and permit emergency treatment in the event of injury or illness.

\_\_\_\_\_  
Name of Participant (minor)

\_\_\_\_\_  
Signature (parent or adult guardian of minor) Date