

**COBRA CAMP PARTICIPATION FORM**

Participants Name # 1 \_\_\_\_\_  
Grade Entering in fall \_\_\_\_\_ Circle One: M F Allergies: \_\_\_\_\_

Participants Name # 2 \_\_\_\_\_  
Grade Entering in fall \_\_\_\_\_ Circle One: M F Allergies: \_\_\_\_\_

Participants Name # 3 \_\_\_\_\_  
Grade Entering in fall \_\_\_\_\_ Circle One: M F Allergies: \_\_\_\_\_

Participants Name # 4 \_\_\_\_\_  
Grade Entering in fall \_\_\_\_\_ Circle One: M F Allergies: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_  
Emergency Contact:  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell: \_\_\_\_\_

**RELEASE AND HOLD HARMLESS AGREEMENT**

In signing this release for myself or for the applicants listed above (if applicant is under the age of 18) I acknowledge that I understand the intent thereof, and hereby agree and absolve and hold harmless Jackson Heights High School Cheerleaders, Sponsors, and jurisdictions through this camp or event, any other parties connected to 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 and 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 legal guardian)

\_\_\_\_\_  
Date