

Join G-Force at KU Spirit Day
September 11, 2010

Registration Form
Please Print Clearly

Deadline for Registration September 1, 2010 - to guarantee t-shirt size

Name of Participant: _____

Phone: _____

Email: _____

Age: _____

Participant Fee (\$40 per participant): _____

T-Shirt Size – Youth Small	Youth Medium	Youth Large
Adult Small	Adult Medium	Adult Large
Adult Xlarge		

_____ # Game Day Tickets You Need to Purchase (\$40 per ticket). The participant does not need a ticket to get into the game.

Make checks payable to: G-Force

Please include a copy of your insurance card. (front and back)

Mail to:
G-Force
725 N. 2nd Suite U
Lawrence, Kansas 66044

Questions:
Call 785-843-5387 or email gforceathletics@yahoo.com

SPIRIT DAY CLINICS:

Due to the time of the football game KU will not be holding a pre game clinic. However, G-Force will have a clinic on Friday, September 10, 2010. We will have two clinics to learn all the KU cheers and chants.

Clinics: September 10, 2010

5-7 pm – ages 5-10

6-8 pm – ages 11 and up

We will have a parent meeting on September 10, 2010 at **6:00**. We will give you all the game details at that time.

KU SPIRIT DAY!

At the parent meeting we will give you arrival times and meeting places. We will be able to enter the game at 10:15.

- Participants will wear the Spirit Day shirt on the field and during game.
- All participants will remain in the “Bowl” area during their duration on the field.
- Any participants that need to use a restroom will be escorted by a G-Force coach.
- No food or drink is allowed on the field/track during the game. Only water bottles. Please do not forget to bring water bottles.
- No parents are allowed on the field at any time only coaches.
- Parents will meet their child after ½ time performance we will give you more information about this at the parent meeting.
- Attire can be cheer uniforms, warm-ups, shorts, t-shirts, tennis shoes.
- Hair must be worn out of face, NO JEWELRY.
- KU Cheer will be cheering in end zone with participants to ensure safety of participants

The Spirit Squad appreciates your support of Kansas Football, and we encourage all to have FUN, but we always keep in mind, *safety and sportsmanship*.

PHOTO RELEASE

I give permission and my consent to allow photographs to be taken during camp session activities of

_____ **(insert child's name)**. I further give permission and consent that any such photographs may be published and used by

_____ **(Spirit Day)** for promotional use and to illustrate and promote the Spirit Squad Program.

Signed (parent or guardian)

RELEASE AND WAIVER OF LIABILITY

As the parent or legal guardian of _____ (campers name),
I give my consent for him/her to participate in the camp programs conducted and/or sponsored by the University of Kansas Spirit Day. I understand that participation in cheerleading, and related activities involves certain risks, and may result in unavoidable injuries. The injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my child's participating in the camp.

I further acknowledge that I agree to provide health insurance for my minor child and will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that my child may sustain during the Spirit Day and while traveling to and from the site for the event.

I further acknowledge and authorize the employees or agents of the University of Kansas Spirit Day, Kansas Athletics, the University of Kansas, the State of Kansas and its Board of Regents to act according to their best judgment in any situation requiring medical attention, whether an emergency or not, until such time as I am contacted to make decisions concerning my child's treatment. If in the judgment of a physician or designee it is necessary for health care reasons to proceed with treatment without delay, this treatment may proceed without prior notification of the undersigned, although every attempt will be made to notify me in the event of such an injury or illness. I agree that any medical information provided to this event shall be released to other health care providers who may be providing care.

Knowing these facts and in consideration of my child's participation in the Spirit Day program, I, acting as parent or legal guardian, agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the University of Kansas, Kansas Athletics, the State of Kansas and its Board of Regents, the coaches and support staff of the Kansas Spirit Squad program, from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or in connection with the camp, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that my child may incur or sustain during the event, all activities associated with the event, and while traveling to and from the site for the event.

I acknowledge that I have read this Release and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

Parent Signature

date

Address: _____

Phone Number: _____

(home)

(work)

(cell)

