



## Gahanna Lion Cub

### Cheerleading Camp

The 22<sup>nd</sup> annual Lion Cub cheerleading camp will be held Saturday January 25<sup>th</sup>, 2020 from 9:00am to 2:00pm at GLHS. The camp will be for kids from kindergarten to fifth grade and will be led by the GLHS cheerleaders and coaches. Throughout the day, motions, jumps, chants, a cheer, and a dance will be taught. Lion Cubs will cheer during half-times of the basketball games the following Tuesday, January 28<sup>th</sup>. Tentatively, kindergarten and first grade will perform at half-time during the junior varsity game. Campers will need to be there from 5:30pm to approximately 7:00pm. Second grade through fifth grade will perform at half-time of the varsity game, with the campers needing to be there from 6:45pm to approximately 8:15pm. (Subject to change, depending on number of campers performing)

The cost of the camp is \$55.00 (set of siblings is \$100.00), which includes a t-shirt and the child's admission to the basketball game. Lion cubs should bring a sack lunch with them to the camp and come dressed ready to cheer! When the kids cheer during half time, they should wear royal blue shorts, their camp T-shirt, tennis shoes, and hair should be pulled up (matching ribbon or bow optional).

Check-in will be from 8:30-9:00am in the high school lobby on January 25<sup>th</sup>, 2020. Parents should arrive around 1:50pm for afternoon pickup and game instructions.

Please register by Wednesday, January 8<sup>th</sup>, 2020 so we know how many cubs to expect and can order t-shirts. To register for camp, email Coach Tara Fisher at [fishert@gjps.org](mailto:fishert@gjps.org) with your child's name, grade, school, parents name, address, phone number, and your child's t-shirt size.

Once registered, please send cash or check payable to Gahanna Lincoln Athletic Boosters and return it with the attached registration form and emergency medical form. These forms are also found on the Gahanna Lincoln Athletic website at [www.gahannalincolnathletics.com](http://www.gahannalincolnathletics.com). No student will be allowed to participate without these forms! Forms and money may be dropped off in the high school athletic office or mailed to Coach Fisher, Gahanna Lincoln High School, 140 S. Hamilton Road, Gahanna, Ohio, 43230; or brought to check-in the day of the camp.

If you have any questions, please email Coach Fisher.



**LION CUB CHEERLEADING CAMP  
REGISTRATION FORM**

Lion Cub's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**Registration Fee: \$55.00** (\$5.00 off per cub camper if siblings attend)

**T-shirt Size:**  
(circle one)

Youth XS	Youth S	Youth M	Youth L
Youth XL	Adult S	Adult M	Adult L

**\*\*\*Make checks payable to Gahanna Lincoln Athletic Boosters\*\*\***

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**LIABILITY RELEASE FORM**

I grant permission for my daughter to participate in the Gahanna Lion Cub Cheer Camp and game. I give my permission for my daughter to have her picture taken and appropriately used in behalf of the cheerleading program; on the district website and local newspaper. I understand that when participating in this activity there is a possibility of physical injury. I hereby release and agree to hold harmless Gahanna Schools and its representatives from any and all claims and liability arising in any way out of its exercise of this authority. I assume the responsibility for any medical care needed.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Gahanna-Jefferson Public Schools -- Emergency Medical Authorization**

Required by Section 3313.712 of the Ohio Revised Code

*Student Information:*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Student Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: M / F Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

*Parent or Legal Guardian Information:*

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Physical or Medical Conditions: (examples-asthma, seizures, developmental/cognitive/emotional disorder)

Allergies: \_\_\_\_\_

Type of reaction: \_\_\_\_\_

Treatment: \_\_\_\_\_

Current Medications: include dose and frequency (at home and school)

Please list any exclusions of service for EMS/hospital personnel (i.e. no blood or blood products):

***MEDICAL AUTHORIZATION- Complete only Part I or Part II***

***Purpose:*** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

***I hereby give consent for the following medical care providers and local hospital to be called:***

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_ Emergency Room Phone \_\_\_\_\_

***Part I - To Grant Consent***

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

(Consent) Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***If you completed and signed Part I to grant consent do not complete Part II***

***Part II - Refusal to Grant Consent-*** I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: \_\_\_\_\_

(No Consent) Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_