



CHEER CAMP 2022

with Coach Sara and Coach Jenny



GO BIG BLUE!

Is your student interested in a fun and exciting week of all things cheerleading? Our camp is for new to experienced cheerleaders – they will learn interactive cheers, stunting, jumps and dance routines, and be able to practice their tumbling skills!

A fall clinic and tryouts for Varsity and JV Squads will be held soon after school begins. Potential cheerleaders are scored on performance of various skills, and the squad will be chosen based on overall scores. Rising 4th-8th graders may tryout.

CAMP DATES

Open to rising 4th through 8th grade PCA students

Monday – Friday
July 25-29
8:30AM – 2:30PM
PCA Gymnasium



SPOTS ARE LIMITED! SIGN UP SOON TO SECURE A SPOT!

Graduating 8th Grade Cheerleaders:

Sign up as an Assistant Coach to receive tons of service hours! We need you if you can help!

- Hosted by Coach Sara Riner (pcacheercoach@gmail.com) and Coach Jenny Ream (jennyream@gmail.com)
- Snacks will be provided; must bring lunch and water bottle daily
- Camp cost includes a cheer t-shirt, bow and camp/practice poms (if you make the fall squad, these will be used as practice poms)
- **Attire:** t-shirt or athletic top, athletic shorts/capris, sports bra, white cheer shoes (or athletic shoes – cheer are preferred and socks; hair must be pulled back; NO jewelry)
- **At the end of the week we will perform an exciting PEP RALLY for parents and families!** Friday PEP RALLY and awards, 1:30PM-2:30PM

THEMED SPIRIT DAYS

- Monday** – “Brilliant Bows” (wear your fave cheer bow)
- Tuesday** – “Tie-Dye Tuesday” (wear tie dye/bright colors)
- Wednesday** – “USA Pride” (red, white and blue colors)
- Thursday** – “Futuristic/Space Day” (space, sci-fi, future”
- Friday** – “Palmer Pride” (wear camp shirt/bow)





CAMP REGISTRATION



CAMP NAME: **PCA Cheer Camp Summer 2022**

\$275 per week, per camper

2 children: \$500

3 children: \$700

4 children: \$800

Campers Name(s)/Age/Rising Grade Level: _____

Campers Shirt Size: Youth sizes - **YS** { } **YM** { } **YL** { } **YXL** { }
Adult sizes - **AS** { } **AM** { } **AL** { } **AXL** { }

Tell us about your child's past cheerleading experience:

Cheer experience: _____

Tumbling experience: _____

Dance experience: _____

Do you plan to try out for PCA Cheer this fall? (check one) _____ YES _____ NO _____ MAYBE

If you have more than one student at camp: _____ YES _____ NO _____ MAYBE

Contact Information:

Parent's Name(s): _____

Daytime Phone(s): _____

Other Phone(s): _____

E-mail(s): _____

Emergency Contact: _____

Relationship to Camper: _____

Phone Number: _____

Please list any known allergies or anything we should know about your camper(s):

Please make checks payable to Palmer Catholic Academy

For Office Use Only

Total amount due: \$ _____

Check #: _____

Date Paid: _____

**CATHOLIC GRADE SCHOOL SPORTS CONFERENCE
STUDENT ATHLETIC PARTICIPATION APPLICATION**

This form is effective from the date indicated on the form, until the end of the current school year. This form must be on file in the School office prior to any student participating in either tryouts or appropriate athletic practice or competition.

Student's Last Name _____ First _____ Middle Initial _____ Application Date _____

This application to compete in interscholastic athletics for _____ School is entirely voluntary on my part, and is made with the understanding that I have not violated any of the eligibility rules and regulations. _____

Signature of Student

Parent or Guardian's permission: I hereby give my consent for the above student to engage in school approved athletic activities as a representative of his/her school. I agree to allow the above named student to be a passenger in a privately operated vehicle to and from athletic events. I hereby release and discharge the Diocese of St. Augustine, Bishop Felipe Estevez, _____ School, its agents and employees from liability growing out of personal injuries and property damage resulting or occurring during transport to and from said activity.

Date _____ Signature of Parent or Guardian _____

Street Address _____ City _____ Zip _____ Tel. # _____

MEDICAL RELEASE: SIGN THIS SECTION ONLY IN THE PRESENCE OF YOUR NOTARY PUBLIC.

The patient and others, whose signatures appear below, do hereby consent to any and all medical, dental and surgical treatments including anesthesia and operations, which may be deemed advisable by his/her physicians and surgeons as a result of his/her participation in athletic activities. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care be deemed advisable and necessary. This form will be used only in case of emergencies and after every reasonable effort is made to contact parents/guardians prior to admitting the patient for necessary treatment. Consent is also given for release of information for insurance purposes, and I submit authorization for responsible third party to pay directly to the treating hospital, insurance benefits due me for services rendered.

HIPPA Consent/Authorization: I hereby authorize the physicians, athletic trainers, sports medicine staff and other health-care personnel representing Jacksonville Orthopedic Institute to release information regarding my student athlete's protected health information and regarding any injury or illness during training for and participation in athletics at _____ School. This information is only to be used for the betterment of the student athlete and can only be shared with a coach, athletic director, or school official in connection with participation in interscholastic sports. This protected health information may concern the student athlete's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected information may be released to other health care providers, hospital and/or medical athlete's participation in _____ School athletics.

SIGNATURES (both required):

Minor Patient _____ Parent or Guardian _____

Address (if different) _____

Family Physician _____ Emergency Tel. _____

STATE OF FLORIDA, COUNTY OF _____ before me personally appeared _____

To me well known and known to me to be the person described in and who executed this foregoing instrument, and acknowledged to and before me that executed said instrument for the purposes therein expressed.

Notary Public, State of Florida at Large _____ Date _____ (Seal)

ACKNOWLEDGEMENT OF WARNING BY PARENTS

We/I the parent(s) of _____ do hereby acknowledge that we/I have been fully advised, cautioned and warned by the proper administrative and coaching personnel of _____ that our/my child named above may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis or even death, by participating in the sport of _____. Notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to our/my child named above which may result, we/I give our/my consent to _____ to participate in the sport of _____.

Witnesses _____ Signature of Parent/Guardian _____

_____ Date _____

A. _____ Physical exam forms must be on file with the school before tryouts/practice.

B. _____ Medical history on reverse side must be completed by parent or guardian.

CATHOLIC GRADE SCHOOL SPORTS CONFERENCE MEDICAL HISTORY SHEET

STUDENT'S NAME: _____ Date: _____

CIRCLE YES OR NO (FURTHER DESCRIBE YES ANSWER TO THE RIGHT)

- YES NO HISTORY OF HIGH BLOOD PRESSURE _____
- YES NO HISTORY OF HEART OR BLOOD VESSEL DISEASE _____
- YES NO LIVER OR KIDNEY PROBLEMS _____
- YES NO PREVIOUS STROKES - C.V.A. _____
- YES NO DIABETES _____
- YES NO EPILEPSY _____
- YES NO RESPIRATORY DIFFICULTIES _____
- YES NO BROKEN BONES _____
- YES NO SENSORY DISTURBANCES _____
- YES NO ARTHRITIS OR JOINT PROBLEMS _____
- YES NO SPECIAL DIET RESTRICTIONS _____
- YES NO PRESENTLY HAVE ANY METAL IMPLANTS _____
- YES NO PRESENTLY HAVE A PACEMAKER _____
- YES NO ANY PRESENT VISUAL PROBLEMS _____
- YES NO ANY PRESENT HEARING PROBLEMS (HEARING AID) _____
- YES NO ANY UNUSAL REACTION TO HEAT OR COLD _____
- YES NO ANY ALLERGIES _____
- YES NO CONCUSSIONS (LIST DATES) _____

LIST CURRENT MEDICATIONS _____

LIST PREVIOUS MAJOR HOSPITALIZATION/SURGERIES _____

PARENT OR GUARDIAN SIGNATURE DATE

PHYSICAL EXAM BY APPROPRIATE HEALTH CARE PROVIDER

Height (inches) _____	Weight (pounds) _____
Blood Pressure _____	Pulse _____
Vision _____	Contacts/glasses _____

	WNL	ABN		WNL	ABN
HEENT _____					
NECK _____				ANKLE _____	
LUNGS _____				ALIGNMENT _____	
HEART _____				STABILITY _____	
ABDOMEN _____				FEET _____	
GENITALS _____				KNEE _____	
SKIN _____				MCL _____	
NECK _____				LCL _____	
SPINE _____				ACL _____	
SHOULDER _____				PCL _____	
STABILITY _____				MENISCUS _____	
IMPINGEMENT _____				PATELLA _____	
ELBOW _____				PAIN _____	
WRIST _____				APPREHENSION _____	
HAND _____				CREPITATION _____	
HIP _____				FUNCTIONAL TEST _____	
				ONE LEG HOP _____	
				FULL SQUATS _____	

NEEDS FURTHER EVALUATION YES NO
 CLEARED FOR PARTICIPATION YES NO

COMMENTS: _____

APPROPRIATE HEALTH CARE PROVIDER SIGNATURE DATE