



LOUYAA POM & DANCE CAMP



When: August 7th - 10th (*Rain date August 11th*)
Time: 9:00 a.m. – 2:00 p.m.
Where: Kemptown Park (Shelter 2)

Pom Camp Showcase: *Thursday, August 10^h at 6:00pm*

Camp Cost: \$100 (*prior to July 15th*)
\$120 (*after July 15th*)

Open to all students in Kindergarten through 8th grade.

Join us for 4 days of leaps, turns, jumps, kick lines and an all-around great time!

Learn some fall Pom routines and brush up on your poms skills!

We will start each day with group exercises to get your blood pumping and your body flowing!

Instruction provided by the **Linganore** and **Oakdale** High School Poms Squads.

***Although Pom Camp is not mandatory, we highly encourage your daughter to attend to learn the first routine of the season!*

Each Camper Must: *Bring a lunch with a drink, bring a water bottle, wear appropriate shoes (no flip-flops), wear appropriate work-out clothing, wear hair in a ponytail, have black shorts for Showcase.*

If you have questions, please contact:

Linganore: Dawn McDonough Linganorepoms@luyaa.org

Oakdale: Paula Brockman Oakdalepoms@luyaa.org

Complete the attached form and return with payment.

No camper will be allowed to participate without a signed release!



LOUYAA POM & DANCE CAMP

Registration Form



Participant's Name: _____ Email: _____

Address: _____

Parent/Guardian Name: _____ Phone (H): _____ (C): _____

Emergency Contact/Phone No. _____

School Pom Participant Attends: _____ Grade in Fall 2017: _____ Circle feeder High School: Linganore Oakdale

T-Shirt Size _____ (YS – YL and AS – AXL) **by July 15th, we cannot guarantee a Pom Camp T-shirt!**

Register Early!

1. Complete Registration and mail with payment (\$100 prior to July 15th, \$120 after July 15th).
2. Make check payable to: LOUYAA
3. Mail forms and payment to:

LOUYAA Poms
PO Box 302
New Market, MD 21774

PARENT RELEASE FORM

My Child, _____, has my permission to participate in the LOUYAA Pom Camp on Aug. 7, 8, 9, 10 & 11 at Kemptown Park. In the event that I cannot be reached, I authorize emergency medical technicians to administer the necessary first aid immediately to my child, should she become injured or sick during camp and require treatment.

Parent Signature

Insurance Co./Group No.

Child's Dr./Phone No.

Allergies

Waiver To Be Completed By Parent/Guardian:

As the parent or guardian of the child(ren), I am registering for LOUYAA sports programs ("Program"), I expressly authorize my child(ren)'s participation in such programs and all activities that are part of or incidental to such programs. As part of the registration of my child(ren) in the Program, and in consideration of the services to be provided by LOUYAA to my child(ren), I hereby acknowledge and accept the following terms and conditions pertaining to injuries or death that may arise from my child(ren)'s participation, with full knowledge, understanding and appreciation for the risks involved:

I hereby waive any claims that I may have for myself or my child(ren) against LOUYAA or its officers, directors, agents, employees, representatives, contractors, consultants, staff, volunteers, successors and assignees, that may arise out of my child(ren)'s participation in the Program, and any injury, including death, resulting from such participation, and release LOUYAA and its officers, directors, agents, employees, representatives, contractors, consultants, staff, volunteers, successors and assignees, from any and all damages, losses, liabilities, costs, and expenses resulting from any injury or death and claims arising therefrom.

By completing this application I am accepting these terms and conditions and agree to be bound by them, and by any rules, regulations, and bylaws of LOUYAA, as well as by the decisions of its commissioners and Board of Directors.

Date: _____

Name of Child: _____ Parent Signature: _____