

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