

GENERAL CAMP OVERVIEW

CAMP HOURS: Monday – Thursday 9:00am – 3:00pm

DROP OFF/PICK UP TIMES: The recommended drop off time is between 8:45-9:00am and the recommended pick up time is between 3:00-3:15pm.

EARLY DROP/LATE PICKUP: If you need to drop off early - **7AM**, or pick up late **5PM**, you need to fill out the Early Drop/Late Pick Up box. The cost is \$10 per person. Sheets need to be filled out and returned to Triple Threat by the Friday before each session.

PAYMENT: \$100 per person, per week. Payment for each session is due online or mailed before the first day of camp. We ask that each athlete pre-register by sending the completed registration form/payment or register online to Triple Threat no later than **1 WEEK** before the scheduled camp. Registration fees/Camp fees are non-refundable no exceptions, unless Triple Threat cancels the session week. Each camp must have a minimum of 10 people registered to be held.

WHAT TO BRING TO CAMP: Campers should bring athletic clothing (Shorts, T-shirts) and athletic shoes. We also recommend that campers bring with them a water bottle, and lunch. Certain activities may require additional items to camp and this will be communicated with you through a note home.

SNACKS/LUNCH: Lunch will not be provided, please bring a bag lunch. We will order pizza for those who would like a hot lunch (\$5 per person). Snack will be provided. Camper's lunches will be kept in the refrigerator and can be heated if necessary.

FACILITIES:

Triple Threat Cheerleading & Dance
25 Walker Way – Section 1A
Albany, NY 12205

Triple Threat Cheerleading & Dance
375 N Grand Street
Cobleskill, NY 12043

PLEASE NOTE: In order to finalize your registration, complete and sign the medical form and return to **PO BOX 16191 – Albany, NY 12212** prior to the start of camp or bring to camp the first day. Your child may not attend camp without a completed emergency form.

EMERGENCY MEDICAL/RELEASE FORM/EARLY DROP/LATE PICK UP SHEET

Please fill out this form with your child's most current medical information. Please complete a separate form for each child attending Cheer Camp.

- Please indicate the session(s) your child is attending:**
- SESSION #1: JULY 27TH – JULY 30TH**
 - SESSION #2: AUGUST 3RD - AUGUST 6TH**
 - SESSION #3: WEEK 3 - AUGUST 17TH - AUGUST 20TH**

EMERGENCY CONTACT INFORMATION	
Child's Name _____	Grade _____
Parent/Guardian Names _____	
Address _____	
City _____	State _____ ZIP Code _____
Email Address* _____	
*Receive camp updates and information about next summer's camps!	
Phone (Home) _____	(Emergency) _____

EARLY DROP OFF /LATE PICK UP	
<i>PLEASE CHECK</i>	
MONDAY DROP OFF _____	MONDAY PICK UP _____
TUESDAY DROP OFF _____	TUESDAY PICK UP _____
WEDNESDAY DROP OFF _____	WEDNESDAY PICK UP _____
THURSDAY DROP OFF _____	THURSDAY PICK UP _____
TOTAL \$ _____	

MEDICAL INFORMATION	
Check any that apply and elaborate.	
Please attach extra explanation if necessary.	
<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Asthma
<input type="checkbox"/> Environmental Allergies	<input type="checkbox"/> Heart Trouble
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Seizures
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Dietary Restrictions
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other
Does the camper carry an Epi-Pen? Yes / No	
Comments	

Does the camper have any special needs (learning differences, behavioral concerns, phobias, etc)?

RELEASE FORM

PHOTO RELEASE

I hereby grant permission to Triple Threat, and its employees, the right to photograph my child or use their picture for the purposes of advertising, publicity, trade or otherwise, as still photographs, transparencies, motion pictures, television, or other media or means or reproduction, transmission, or exhibition. I release Triple Threat and its employees from any and all claims for damages or compensation for any claims based on the use of sale of said materials. I hereby waive the right to inspect, approve, or edit said material.

Yes I Do.

No, I do not.

LIABILITY RELEASE

I believe the information provided about is a complete and accurate statement of the physical and behavioral factors, which may effect my child's participation in the Triple Threat Cheerleading Camp.

I hereby grant permission for my child to take part in Triple Threat Cheerleading Camp. I also agree, on behalf of my child, not to make any claims of any kind against Triple Threat Cheerleading Camp or any of its employees for any loss or injury that my child might sustain while engaged in the Summer Camp program and myself. I authorize such physical or medical staff as Triple Threat Cheerleading Camp may designate to carry out any minor treatment and/or medical staff to provide any treatment deemed necessary for the well being of my child.

AUTHORIZATION TO ADMINISTER OVER THE COUNTER MEDICATION

Triple Threat cannot supply your child with any over the counter medication unless we have a permission slip on file. If your child has needs beyond over the counter medication, please contact the camp direction to make those arrangements. Please fill out this permission slip if you would like your child to be able to receive over the counter medication at the camp director's discretion. I hereby give my permission to Triple Threat Cheerleading Camp to administer the following to my child in the manner described on the packaging: Bug Spray, Antibiotic Cream, Tylenol, and Advil/Ibuprofen

LOST OR STOLEN ITEMS

I understand that Triple Threat is NOT responsible for personal property lost or stolen during the time the program participants are using the Camp facilities or on the camp premises.

PG RATED MOVIE

During lunch, and special activities, children will occasionally be offered an option to watch part of a movie. We try to show G-rated movies when at all possible, but some of our movies that are age appropriate are PG.

Child's Name

Signature of Parent/Guardian

Date