

We wish to apply to the 2018 Mini Pom Pon Camp.  
September 17-21, 2018

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Age: \_\_\_\_\_ Parent(s): \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

**PARENT RELEASE AND INDEMNITY AGREEMENT:**

We (or I) hereby request that you accept the application of \_\_\_\_\_ into the CC Mini Pom Pon Camp and in consideration of your acceptance of the application, we (or I) will hereby release Clear Creek School District and all of its employees from all claims on account of any injuries which may be sustained by our (or my) child while attending the CC Mini Pom Pon Camp, and we agree to indemnify the Clear Creek School District and its employees for any claim which may hereafter be presented by our (or my) child as a result of any such injuries. If medical attention is required for injury or illness while in camp, I give permission for such medical care.

Signed:  
Parent/guardian \_\_\_\_\_

Date: \_\_\_\_\_

**MEDICAL CERTIFICATION:**

I hereby certify that my son or daughter is physically fit to participate in an active Pom Pon camp and I know of no physical impairments which would in any manner limit his/her participation in such a program. By signing I agree that my son or daughter has been seen by certified medical personnel that have deemed them fit to participate in Pom Pons in the last calendar year. Copy of school physical accepted.

Signed:  
Parent/guardian \_\_\_\_\_

Date: \_\_\_\_\_

Please list any medical conditions that the staff should be aware of.

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