

Bixby Youth Cheer Camp

Camp Start Date: July 25, 2022

Start Time: 12:00:00 AM

Camp End Date: July 29, 2022

End Time: 12:00:00 AM

Date Details: Please check description for dates and time based on grade level

Venue Name: HOTS (Home of the Spartans)

Venue Address: 601 S. Riverview, Bixby, OK 74008

Camp Cost: \$80.00

Questions: Kyle Kachelmeyer kkachelmeyer@bixbyps.org

Special Notes:

This is camp is for grades 1-7. Only athletes currently signed up to be a Bixby youth cheerleader should sign up for this camp. Days and times are listed below based on grade level of the athlete for the 2022-2023 school year 1st Grade: 07/27-07/29 8-9:30 am, 2nd Grade: 07/27-07/29 10-11:30 am, 3rd Grade: 07/27-07/29 12-1:30 pm, 4th Grade: 07/25-07/26 8-10am, 5th Grade: 07/25-07/26 3:30pm-5:30 pm, 6th Grade: 07/25-07/26 1-3pm, 7th grade 07/25-07/26 10:30-12:30pm

Medical Info:

In consideration of the risks of injury while participating in activities provided by Bixby Public Schools Community Education Programs, I hereby for myself or for my child under the age of 18, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation or of my child's participation in BPS Community Education Programs. _____ Initial I agree to indemnify and hold harmless Bixby Public Schools and the entire staff and volunteers against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation, or otherwise brought to me or anyone on my behalf, including attorney's fees and related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. _____ Initial I acknowledge that Bixby Public Schools and any instructors/staff are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of BPS Community Education. Initial I am voluntarily participating in the activity entirely at my own risk. _____ Initial OR As a parent, I am allowing my child to participate with full understanding of the risks involved with these activities. Initial In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health Initial In the event that any damage to equipment or facilities occurs as a result of my insurance. actions or as a result of my family's actions, neglect, or recklessness, I acknowledge and agree to be held liable for any and all costs associated with my actions of neglect and recklessness. Initial By signing this waiver of liability, I acknowledge that I have a full understanding of the risks and dangers involved in these activities and I will under no circumstances take any legal actions against Bixby Public Schools for injuries sustained while participating in activities at Bixby Public Schools. By signing up I agree to the above statements