

MODESTO CITY SCHOOLS CHEER CAMP

JAMES ENOCHS HIGH SCHOOL

3201 SYLVAN AVENUE - MODESTO, CA 95355

AUGUST 4TH & AUGUST 5TH

TUESDAY & WEDNESDAY

10:00AM - 3:00PM

BOTH DAYS

TUITION COVERED BY MODESTO CITY SCHOOLS

HERE'S WHAT YOU GET

RENOWNED DANCE CHOREOGRAPHY

GAME ACTION MATERIAL - JAMZ IN THE STANDZ!

PERFORMANCE CHEER MATERIAL

DANCE ROUTINES INCLUDING: FUNK, POM, HIP-HOP, JAZZ, NOVELTY

TECHNIQUE & SKILL DRILL WORKSHOPS

AMAZING STAFF-STUDENT RATIO

PROFESSIONAL EXPERT STAFF - ALL SAFETY CERTIFIED

DAILY AWARDS - FUN CONTESTS

SQUAD & COACH UNITY BUILDING

AWESOME SOUND SYSTEMS & 4' TALL STAGES

SIDELINE ROUTINES

COACHES LEARN FREE WHEN ATTENDING

REGISTRATION DUE 2 WEEKS PRIOR TO CAMP - MEDICAL RELEASE DUE MORNING OF CAMP

EMAIL CAMPS@JAMZ.COM OR CONTACT 800-920-4272 FOR FURTHER INFORMATION

DIRECTIONS TO SCHOOL

FROM HIGHWAY 99
TAKE THE STANDIFORD AVE EXIT
TURN EAST ON STANDIFORD AVE
EAST ON STANDIFORD AVE WILL BECOME SYLVAN AVE
CONTINUE ON SYLVAN AVE
AT THE TRAFFIC CIRCLE, TAKE THE 2ND EXIT AND STAY ON SYLVAN AVE
ENTER THE TRAFFIC CIRCLE

WHAT TO BRING

WATER BOTTLE
SUNSCREEN
SNACKS/HEALTHY LUNCH
EXTRA CHANGE FOR CAMP T-SHIRTS, SHORTS AND FUN MEMORABILIA

WHAT TO WEAR

COMFORTABLE ATHLETIC WEAR
ATHLETIC SHOES

MORE CAMP INFO

CAMP DATE:	TUESDAY AUGUST 4TH & WEDNESDAY AUGUST 5TH 2009
CAMP TUITION:	COVERED BY MODESTO CITY SCHOOLS COACH - FREE
CAMP LOCATION:	JAMES ENOCHS HIGH SCHOOL - 3201 SYLVAN AVENUE. - MODESTO, CA 95355
COACH CHECK-IN:	CHECK-IN BEGINS AT 9:00AM ON TUESDAY AUGUST 4TH
CAMP INSTRUCTION:	10:00AM - 3:00PM BOTH DAYS
LUNCH BREAK:	12:00PM - 12:30PM BOTH DAYS
FAMILY & FRIENDS SHOW:	WEDNESDAY AUGUST 5TH 2:00PM - 3:00PM

REGISTRATION INFORMATION

- 1: COMPLETE ALL SECTIONS OF THE TEAM REGISTRATION FORM. SUBMIT A SEPARATE FORM FOR EACH TEAM (DUPLICATE IF NECESSARY)
- 2: CAMP REGISTRATION IS DUE IN THE JAMZ OFFICE 2 WEEKS PRIOR TO THE FIRST DAY OF CAMP. PRE-REGISTRATION IS MANDATORY. IF ANY QUESTIONS ABOUT REGISTRATION CALL JAMZ (800-920-4272)
- 3: SUBMIT TEAM REGISTRATION TO JAMZ SUMMER CAMPS: P.O. BOX 4308 - MODESTO - CA - 95352- REGISTRATION MUST BE MAILED THROUGH THE POST OFFICE. FEDEX & UPS DO NOT DELIVER TO P.O. BOXES.
- 4: FOR FAX REGISTRATIONS: FAX TO: 209-578-1617. JAMZ IS NOT RESPONSIBLE FOR FAXES NOT RECEIVED, CALL TO VERIFY
- 5: NOTE - MAKE ALL NECESSARY COPIES OF AGREEMENT OF COMPLIANCE FORM. EVERY STUDENT MUST HAVE A PARENT/ GUARDIAN FILL OUT AND SIGN TO REMIT FIRST MORNING OF CAMP. STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE WITH OUT A SIGNED FORM. JAMZ DOES NOT ACCEPT FAXED AGREEMENT OF COMPLIANCE FORMS.

PAYMENTS

-TUITION COVERED BY MODESTO CITY SCHOOLS-

Modesto City Schools - 2009 Summer Camp Team Registration Form

Choose one of the following options below to register for camp:

1: MAIL this form to JAMZ Summer Camps - PO Box 4308 - Modesto - CA - 95352

2: FAX this form to 209-578-1617. JAMZ not responsible for faxes not received.

REMINDER...Agreement of Compliance forms are required to participate at camp. Forms can be mailed or turned in at coach check-in the first day of camp.

Camp/Clinic Location: **JAMES ENOCHS HIGH SCHOOL - 3201 SYLVAN AVENUE - MODESTO, CA 95355** Camp Dates: **August 4-5, 2009**

Team/Organization/School: _____ Level: _____
(i.e., Freshman, JV, Varsity, etc.)

Team Type (check all that apply): Elementary School Jr High/Middle School High School

All correspondence will be forwarded to the contact person listed below:

Coach's/Coordinator's/Advisor's First Name _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Email Address: _____

Additional Contact Person: _____ Phone: () _____

Please complete the fields below. Names of individuals participating are required. Make additional copies as needed.

PARTICIPANT NAMES		PARTICIPANT TYPE			
	FIRST NAME	LAST NAME	FEMALE	MALE	MASCOT
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My signature below indicates that I have read and agree with JAMZ' Policies and Procedures. I am responsible for communicating this information to my coaching staff, parents and participants.

Signature: _____

FOR OFFICE USE ONLY:

Total Number of Students: _____ multiplied by \$ _____ 00.00 (Tuition per Participant) = \$ _____ 00.00

Total Number of Mascots: _____ multiplied by \$ _____ 00.00 (Tuition per Participant) = \$ _____ 00.00

Total Amount: \$ _____ 00.00

**Medical Treatment, Liability Release, & Appearance Agreement
for JAMZ American Spirit Connection, Inc.**

PARENT/GUARDIAN... Please read the following and print clearly:

An **Agreement of Compliance Form** must be read and signed for each participant in order to participate in a JAMZ event. This form is valid for any JAMZ event conducted from 05/31/09 - 09/30/09. This form **MUST** be filled out completely. Please photocopy this form and retain for your records. This form is not valid for JAMZ Championship Events. **DO NOT FAX THIS FORM. IT MUST BE MAILED TO THE JAMZ OFFICE.**

Participant's First Name: _____ Last Name: _____

Team/Organization/School: _____

Date of Birth: ____/____/____ 2009 Grade Level: _____ Gender (circle one): F M Event Dates: **August 4-5, 2009**

Event Location: **JAMES ENOCHS HIGH SCHOOL - 3201 SYLVAN AVENUE. - MODESTO, CA 95355**

MEDICAL HISTORY OF STUDENT/PARTICIPANT...Check the appropriate box. When applicable, please provide details.

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Allergies _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No Mental Disorders _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No High Blood Pressure _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Convulsions _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No Recurring Sore Throat/Ear Infection _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No Abnormal/Irregular Menstrual Cycles _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Migraine Headaches _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No Epilepsy/Fainting Spells _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Heart Trouble _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Lenses _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Pre-Existing Injury _____ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Conditions Currently Under Treatment _____ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Medications Currently Taking _____ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____ | |

THE LEGAL DETAILS...Please read and initial each section.

Every student/participant is required to submit an **Agreement of Compliance** in order to participate at any JAMZ Cheer & Dance Camp and/or Clinic. **(INITIALS) - My initials confirm that I have read and understand each statement listed below:**

- ____ A. I understand that by taking part in any JAMZ event there is a possibility of injury or sickness to my daughter/son. However, with this knowledge I give permission for my daughter/son to participate in a JAMZ event and do hereby grant permission to Emergency Medical members to administer immediate treatment to my child should she/he become injured or ill.
- ____ B. I also agree to hold harmless JAMZ American Spirit Connection, Inc., and their respective officers, directors, employees, agents, contractors, subsidiaries, affiliates and parent companies for any injury incurred as a result of my daughter's/son's participation in the JAMZ event even if it is shown that they are negligent.
- ____ C. I give JAMZ American Spirit Connection, Inc. and it's associates the right to film, photograph, or video tape my daughter/son for any reproductions associated or in any way connected with said televised or filmed event; in particular, reproduction for use in any form of advertisement for JAMZ and its associate's promotional purposes.
- ____ D. By signing this form in the space below, I am stating that I have read this form thoroughly, filled it out completely and accurately, and I understand and will adhere to all statements listed above.

Parent's/Guardian's First Name: _____	Last Name: _____
Address: _____	City: _____ State: _____ Zip: _____
Home Phone: () _____	Work Phone: () _____ Cell Phone: () _____
Insurance Carrier: _____	
Policy/Group #: _____	Insurance Phone: () _____
Signature _____	Date _____