

# OBA Mini Cheer Camp

**When:** Tuesday, October 22 4:00pm-6:00pm  
Thursday, October 24 4:00pm-6:00pm

\*\*If can't make both evenings, may attend only one to learn cheer/chant/performance for Friday\*\*

**Where:** Oklahoma Bible Academy  
5913 W. Chestnut  
Enid, OK Ph: 580-242-4104

**Grades:** 4 year olds - 5th grade

**Performance:** Friday, October 25 @ OBA  
Varsity football game

\*arrive 6:30pm Review & be part of Spirit line on the field

\*sideline cheer & chant 2nd quarter \*Half-time routine performance

**Registration & Cost: \$40**

*Siblings Discount: 2nd \$35, 3rd & beyond \$30 each*

**Early registration:** Mail or turn into OBA office;

Payment must be included with forms.

**Onsite registration:** Tuesday, October 22 \*3:30pm

*\*\*The camp is a fundraiser for OBA Varsity Cheerleaders.*

*Includes: t-shirt, snack T/Th, free entrance for participant & one adult to Friday, October 25 Varsity football game*

# MINI CHEER CAMP REGISTRATION FORM

Learn a cheer, chant, and halftime routine! Show off for your parents and grandparents at the OBA Varsity football game Friday, October 25 during the 2nd quarter and at halftime!

Your registration may be turned in at the OBA office.

Payment must be included with the registration form.

For more information contact Mrs. Cheatham at [scheatham@oklahomabible.com](mailto:scheatham@oklahomabible.com)

NAME: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ T-shirt size: \_\_\_\_\_ Adult or Youth (circle one)

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Current school: \_\_\_\_\_

Payment: \_\_\_\_\_ Check or Cash (circle one)

# 2019 OBA Mini Cheer Camp Medical Release Form

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Ph # \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Emergency Ph #: \_\_\_\_\_

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## Medical Release / Consent Form

The parties to this agreement are:

The parent(s) / Guardian(s)

Full Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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(hereinafter referred to as "the Parent / Guardian")

### The Child

Full Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

1. I authorize Oklahoma Bible Academy to administer general first aid treatment for minor injuries or illnesses experienced by the Child except, where any such first aid treatment is specifically excluded hereunder:

\_\_\_\_\_

2. I authorize Oklahoma Bible Academy, in the event that I cannot be contacted or if any urgency dictates, to act *in loco parentis* for the Child in respect of any circumstances, including any accident or illness, which may necessitate medical treatment, including surgery, and on my behalf to authorize any such treatment or surgery which, they, in their sole discretion, (which discretion shall not be unreasonably exercised), may deem necessary. Medical treatment for the Child may also include dental surgery, x-ray, blood transfusion, anesthetic and Medical treatment is performed by a duly licensed practitioner. I hereby accept full liability for all costs incurred through such medical treatment for the Child.

3. Persons responsible should please note the following: (allergies, tendency towards abnormal bleeding, epilepsy, etc)

\_\_\_\_\_

4. Any prescribed, or other medication that is being administered:

\_\_\_\_\_

5. The following information is essential in case of medical treatment:

a. Name and Address of Employer: \_\_\_\_\_

\_\_\_\_\_

b. Medical Insurer: \_\_\_\_\_

c. Policy Number: \_\_\_\_\_

6. I declare that I am the legal custodian of the Child and that I have legal authority to grant medical consent to Oklahoma Bible Academy for the Child.

7. Unless consent with the context, words signifying the singular shall include the plural and vice versa.

8. This medical consent will be in effect from the 22nd day of October, 2019 until the end of the 25th of October, 2019.

Parent / Guardian Name (printed): \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_