WE ARE MINERS
CHEER CAMP 2017
UTEP Cheer Camp: Squads of 4 or more (Ages 5 and Up)

UTEP offers the largest and most elite cheerleading camp in the El Paso area! Participants will enhance their technique in all areas of cheerleading including, but not limited to, motion placement, jumps, basic stunts and pyramids, gymnastics and choreography. Participants will learn a variety of cheers, chants and dances including a spirit routine which will be performed at a UTEP football game. Everyone will receive a participant ribbon. Trophies will be awarded to the individual winners and the top 3 teams in each category. Squads will also have the opportunity to perform a home routine. The squad in each division recognized as Top Team winners will be invited to showcase their talents and perform at a UTEP basketball game. Participants will be taught by the UTEP Cheerleaders under the direction of Coach Bianca Marquez. Prior to being appointed as head coach in 2015, Coach Bianca served as the UTEP Cheer Assistant for 9 years. She is a 5 year NCA Staff veteran and AACCA safety certified. Assistant Coach Caesar Cubillos joined the coaching staff in December 2015. He is an NCA staff veteran and former head instructor. The 29th Annual Cheer Camp is specifically for squads and teams with four (4) or more members. Coaches and advisors are required to attend and observe.

CHECK-IN
Check-in will be at the Don Haskins from 7:15am to 8:15 a.m. on the first day of camp (July 5th).

IMPORTANT INFORMATION
**Coach/designee must submit names and fees for ALL participants at time of registration. NO INDIVIDUAL registrations accepted. Must register as group or team of four (4) or more. Purchase orders will be not be accepted as payment.**

Day Camp- Cheerleading instruction only
Overnight Camp Includes: cheer instruction, 3 nights at Miner Village dormitory, 10 meals (3 breakfast, 4 lunch, and 3 dinner) provided by UTEP Sodexo food services and evening team activities (i.e. rec center access, movie, talent show, karaoke, scavenger hunt, etc…..). ***Must provide your OWN linens and towels.

CAMP INFORMATION

<table>
<thead>
<tr>
<th>Early Registration:</th>
<th>Late Registration:</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 15th - June 23rd</td>
<td>June 26th - July 3rd</td>
</tr>
<tr>
<td>Day Camp Only- $85 per participant</td>
<td>Day Camp Only- $100</td>
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</tbody>
</table>
| Overnight Camp- $170 per Participant | Overnight Camp – Not available option after June 23rd.

Participants are strongly encouraged to bring a sack lunch and a bottle of water, but concession stands will be available during lunch break. The camp is open to any and all entrants within the specified age range. For more camp information contact Coach Bianca Marquez at bmarquez6@utep.edu.

PARTICIPATION FORMS
Each camper is covered by accident insurance. Each participant and coach(s) must complete the following forms:
1. Participant Registration Form
2. Release and Indemnification Form
3. Authorization for Emergency Medical Treatment
4. Photo Release

REFUNDS
Refunds will be handled on a case by case basis at the discretion of the Coach. No refunds after June 26, 2017.
Squad/Team Name/School Name: ________________________________________________

Coaches/Advisors: (1) _________________________________________________________

(2) _______________________________________________________________________

Coaches Email: __________________________________________________________________

Please check mark: Day Camp Only _____ or Overnight Camp _____

All participants and coaches must complete and attach the following forms to this Squad Registration Form:

5. Participant Registration Form
6. Release and Indemnification Form
7. Authorization for Emergency Medical Treatment
8. Photo Release

TEAM MEMBERS

1) ____________________________ 18) ____________________________

2) ____________________________ 19) ____________________________

3) ____________________________ 20) ____________________________

4) ____________________________ 21) ____________________________

5) ____________________________ 22) ____________________________

6) ____________________________ 23) ____________________________

7) ____________________________ 24) ____________________________

8) ____________________________ 25) ____________________________

9) ____________________________ 26) ____________________________

10) ____________________________ 27) ____________________________

11) ____________________________ 28) ____________________________

12) ____________________________ 29) ____________________________

13) ____________________________ 30) ____________________________

14) ____________________________ 31) ____________________________

15) ____________________________ 32) ____________________________

16) ____________________________ 33) ____________________________

17) ____________________________ 34) ____________________________
A money order, cashier’s check, school district check or cash
(No personal checks or checks without a printed return address will be accepted)
Must be returned with this registration to the attention of Bianca Marquez
UTEP Cheer, Brumbelow Building, 201 Glory Road, El Paso, TX 79968.
Checks should be made payable to UTEP Cheer.
**You may hand deliver payment and registration forms** to the address listed above.

**FEES**

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**EARLY REGISTRATION**

Number of Participants ________ X $85 Day Camp = $_______________

Number of Participants ________ X $170 Overnight Camp = $_______________

* Number of Females__________ Number of Males ________

Number of Coaches _________ X $110 Overnight Camp (housing and meals) = $_______________

* Number of Females__________ Number of Males ________

**LATE REGISTRATION**

Number of Participants ________ X $100 Day Camp = $_______________

***Overnight camp not available option after June 23rd.***
2017 UTEP Summer Cheer Camp
Participant Registration Form

Squad Name/School Name: _________________________

Participant’s Name: ____________________________

Date of Birth: ________________

Address: ____________________________

City: ____________________________ State: _______ Zip: ____________

Phone: ____________________________

In Case Of Emergency Contact:

Name: ____________________________

Relationship to Participant: ____________________________

Cell Phone: ____________________________

Home Phone: ____________________________
2017 UTEP Summer Cheer Camp
Coach/Advisor Registration Form

Squad Name/School Name: _________________________________

Name: ______________________________________________________________________

Email: ____________________________

Address: ________________________________

City: ____________________________ State: ________ Zip:___________

Phone: ______________________________

In Case Of Emergency Contact:

Name: ______________________________________________________________________

Relationship to Participant: ________________________________

Cell Phone: _______________________________

Home Phone: ________________________________
I.  **MEDICAL INFORMATION** (please type or print legibly)

a. Name of Minor ________________________________________________________________
   (last, first, middle)

b. Name of Parent/Guardian ______________________________________________________
   (last, first, middle)
   Address ________________________________________________________________
   (street or P.O. box, city, state, zip code)
   Telephone Number:  Day (        ) Night (        )

c. Minor’s Physician ____________________________________________________________
   Address ________________________________________________________________
   (street or P.O. box, city, state, zip code)
   Telephone Number:  Office (        ) Emergency (        )

d. Minor’s Dentist ____________________________________________________________
   Address ________________________________________________________________
   (street or P.O. box, city, state, zip code)
   Telephone Number:  Office (        ) Emergency (        )

e. Health Insurance Company Name ____________________________________________
   Policy Number ________________________ Telephone (        )

f. Minor’s Allergies ____________________________________________________________

g. Minor’s Current Medications ________________________________________________

h. Minor’s Special Health Needs ______________________________________________

II. **EMERGENCY MEDICAL AUTHORIZATION**

I, the undersigned parent or legal guardian of ________________________________
   (name of minor),

do hereby authorize The University of Texas at El Paso and its agents or representatives
to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.)
to be rendered to him or her upon the advice of any licensed physician. I agree to be responsible for all
necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are ______________ to ______________ 20____.

________________________________________ Date ______________ 20____.
   (Signature of Parent or Guardian)
I. MEDICAL INFORMATION (please type or print legibly)

a. Name ____________________________
   (last, first, middle)
Address ____________________________
   (street or P.O. box, city, state, zip code)
   Telephone Number: Day (___) _______ Night (___) _______

b. Name of Nearest Relative ____________________________
   (last, first, middle)
Address ____________________________
   (street or P.O. box, city, state, zip code)
   Telephone Number: Day (___) _______ Night (___) _______

c. Physician’s Name ____________________________
   Address ____________________________
   (street or P.O. box, city, state, zip code)
   Telephone Number: Office (___) _______ Emergency (___) _______

d. Dentist’s Name ____________________________
   Address ____________________________
   (street or P.O. box, city, state, zip code)
   Telephone Number: Office (___) _______ Emergency (___) _______

e. Health Insurance Company Name ____________________________
   Policy Number ________________________ Telephone (___) _______

f. Allergies ____________________________

 g. Current Medications ____________________________

h. Special Health Needs ____________________________

II. EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned, do hereby authorize The University of Texas at El Paso and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are ____________ to ____________ 20___.

I am eighteen years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate.

__________________________________ Date _______ 20______.

(Signature of Individual Providing Authorization)
THE UNIVERSITY OF TEXAS AT EL PASO
PHOTOGRAPHIC CONSENT AND RELEASE FORM /
FORMATO DE CONSENTIMIENTO Y LIBERACIÓN

I hereby authorize The University of Texas at El Paso, and those acting pursuant to its authority to:

(a) Record my likeness and voice on a video, audio, photographic, digital, electronic or, any other medium.

(b) Use my name in connection with these recordings.

(c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) these recordings, in whole or in part, without restrictions or limitations for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including educational, promotional or advertising efforts, and distribution to third parties including media outlets.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. This release is executed gratuitously and/or for any self-satisfaction which I may derive from any publication or programs in which my likeness or voice will appear. I understand that all such recordings, in whatever medium, shall remain the property of the University. This document is executed in the English and Spanish languages, in the event of controversy between the English and Spanish versions, the English version shall prevail.

I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS RELEASE.

Name: ____________________________

Address: ____________________________
Street ____________________________
City ____________________________ State ______ Zip __________

Phone: ____________________________

Signature: ____________________________ Date: __________

Parent/Guardian Signature (if under 18):

______________________________ Date: __________

Signature
RELEASE AND INDEMNIFICATION AGREEMENT /  
CONVENIO DE LIBERACION DE RESPONSABILIDAD E INDEMNIZACION  
(Minor Participant/Menor de Edad)

Student Participant/Participante Estudiante:  
(Name and Address)/(Nombre y Domicilio)

Institution/Institución:  
The University of Texas at El Paso
Department/Departamento:  

Description of Activity or Trip / Descripción de la Actividad o Viaje:

Location/Lugar:  

Date(s)/Fecha(s):  

I am the Parent/Guardian of the above named Participant who is under 18 years of age and am fully competent to sign this Agreement. I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant’s illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant’s health and of his/her injury or death that may result from such participation. I hereby release the above named Institution, its governing board (The University of Texas System Board of Regents), officers, employees and representatives, in their individual and official capacities, from any liability to Participant, Participant’s personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant’s property and for any and all illness or injury to Participant’s person, including his/her death, that may result from or occur during Participant’s participation in the Activity or Trip, WHETHER CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.

Yo soy padre/madre o tutor(a) legal del Participante cuyo nombre aparece arriba, el (la) cual es menor de 18 años de edad, y soy competente para firmar este Acuerdo. Doy permiso para que el/la Participante participe en la Actividad o Viaje identificado arriba. Reconozco que por su naturaleza, dicha Actividad o Viaje puede exponer al Participante a peligros o riesgos que pueden resultar en enfermedad, lesiones o la muerte del Participante, y entiendo y aprecio la naturaleza de dichos riesgos y peligros.

En consideración a que el Participante le sea permitido participar en la Actividad o Viaje, por medio de la presente acepto todos los riesgos a la salud del Participante y el riesgo de lesiones o muerte que puedan resultar con motivo de dicha participación.

En este acto libero a la Institución arriba identificada, su consejo directivo (The University of Texas System Board of Regents), oficiales, empleados y representantes en lo personal y en su capacidad oficial, de toda responsabilidad hacia el Participante, los representantes personales del Participante, su patrimonio, masa hereditaria, herederos, parientes o cesionarios con respecto a todas y cada una reclamación, causal o acción legal por concepto de pérdida o daños ocasionados a la propiedad del Participante y toda enfermedad o lesiones a su persona, incluye su muerte, que puedan resultar de su ocurrir durante la participación del Participante en dicha Actividad o Viaje, SEAN CAUSADOS POR NEGLIGENCIA POR PARTE DE LA INSTITUCIÓN, SU JUNTA DIRECTIVA (THE UNIVERSITY OF TEXAS SYSTEM BOARD OF REGENTS), OFICIALES, EMPLEADOS, REPRESENTANTES U OTRAS ENTIDADES, O DE CUALQUIER OTRA FORMA.

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I further agree to indemnify and hold harmless the above-named Institution and its governing board (The University of Texas System Board of Regents), officers, employees, and representatives in their individual and official capacities, from liability for the injury or death of any person(s) and damage to property that may result from Participant’s negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT’S INJURY OR DEATH OR DAMAGE TO PARTICIPANT’S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT’S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Addemás acepto asimismo indemnizar y liberar de cualquier responsabilidad a la Institución arriba identificada, su junta directiva (The University of Texas System Board of Regents), oficiales, empleados y representantes en lo personal y en su capacidad oficial, en caso de las lesiones o muerte de cualquier persona o personas y de daños a la propiedad que puedan ocurrir como resultado de un acto intencional o de negligencia u omisión del Participante durante su participación en la Actividad o Viaje descrita.

__________________________
Signature of Parent/Guardian/
Firma del Padre/la Madre o Tutor(a)

__________________________
Address, if different than Participant’s/
Domicilio (Si es diferente del Participante)

__________________________
Date/ Fecha: 

Witness / Testigo

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2017 UTEP CHEER CAMP

Competition Guidelines and Awards

Home Routine Competition: Teams will have the opportunity to participate in an OPTIONAL Home Routine Competition to be held on the second day of camp. The idea is to give teams the opportunity to showcase routines that they have previously worked on, and to perform in front of an audience. Teams have a three (3) minute time limit during which they can choose to do any combination of cheer, dance, jumps, stunts, and tumbling to words and/or music. We ask that each team and their coaches follow their respective governing guidelines depending on the organization they adhere to. Coaches are responsible for being sure that their team is ready to perform any stunts or tumbling that is in the routine and that they are covered, in terms of liability, as coaches for including those skills in the routine. If you are using music, please have a CD and/or iPod available and a representative at the music station when the team is ready to perform. Teams wishing to participate should sign up by the end of the first day of camp.

Jump Contest: Campers will have the opportunity to participate in an OPTIONAL Jump Contest to be held on the second day of camp. Each team can enter two (2) participants per level that they have on their particular team. Levels include Youth (3rd Grade or below), Elementary (Grades 4th - 6th), Middle School (Grades 7th & 8th) and High School (Grades 9th - 12th). If a team has multiple grade levels on their squad, they can enter two participants at each level. The participants will have to perform any jump or combination of jumps that the judges request. Participants do not need to sign up. They will be called to the tunnel prior to the competition.

All-Star Cheerleader Competition: Campers will have the opportunity to participate in an OPTIONAL All Star Cheerleader Competition to be held on the last day of camp. Same as jump contest, each team can enter two (2) participants per level that they have on their particular team. Levels include Youth (3rd Grade or below), Elementary (Grades 4th - 6th), Middle School (Grades 7th & 8th) and High School (Grades 9th - 12th). If a team has multiple grade levels on their squad, they can enter two participants at each level. The participants will have to perform the camp cheer as taught originally with UTEP words, a tumbling pass, a toe touch, and any other skill or camp material that the judges request. Participants do not need to sign up. They will be called to the tunnel prior to the competition.

Final Evaluation: Teams will be evaluated on the final day of camp. Teams will be evaluated on the Camp Cheer (with or without incorporations). The teams will receive individual ribbons based on their performance.
Divisions for Evaluations and Home Routines*:

1.) Youth 6th grade and younger
2.) OPEN 12th grade and younger
3.) Elementary School Grades Pre-K – 6th
4.) Junior High/Middle School Grades 7th – 8th
5.) High School Grades 9th – 12th

UTEP’s Cheer Camp personnel reserve the right to delete, combine, or divide categories and divisions as deemed necessary. If categories are altered, adjustments will be made in the awards.

Certification of Recognition: Given to teams who worked hard all week and who worked well together as a team in attaining their goals for camp.

Spirit Sticks: Given at the end of camp each day to teams who display lots of enthusiasm & spirit, but also a great attitude in the different classes & sessions. Teams bring them back the following day. Those who get them on the final day of camp can keep them.

Most Spirited: Based on the same criteria as the Spirit Sticks, but given to one team who was exemplary.

Miner Sportsmanship Award: Is voted on by the teams at camp and given to the squad that they saw throughout the week working well together and being supportive and friendly to other teams at camp.

Hardest Workers: Awarded to the team that the UTEP Cheerleaders felt worked hard all week in the different workshops and working together as a team to prepare for evaluations.

Top Team: A Top Team will be selected in each division. The selection will be based on their performance throughout camp and largely on their performance in the Final Cheer Evaluation. It will not take the Home Routine into account. These Teams will be invited to perform during halftime of a UTEP Men’s Basketball Game.