



2017 Recreational Cheerleading



Participant Name _____
First Last

Birth Date _____ Age _____

Did you cheer last year? ___Yes ___No If so, what team? _____

Any Medical Conditions? _____

Parents Name(s) _____
First Middle Last

Address _____
Street City Zip Code

Cell # _____ Work # _____

Emergency Contact Name _____ Cell # _____

Email _____

Birth Certificate: All participants *must* provide a copy of their official birth certificate at the time of registration. Your child will not be able to participate without a copy of his/her birth certificate on file.

Please check the appropriate age group for your child

- 3 - 5 Developmental
- 6 - 10 Small Fry
- 11 - 12 Mite

SHIRT SIZES

3T 4T YS YM YL

AS AM AL XL

Registration Dates: _____

Registration Fees: \$40.00 Registration Fee + \$60.00 Uniform Fee = \$100.00

WAIVER

1. I hereby certify that my child is in normal health and capable of safe participation in the CCYFL Cheerleading Program. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize the CCYFL to obtain medical treatment for my child in the event that parents and emergency contact be reached.
2. In return for my child being allowed to participate in the CCYFL youth sports program, I agree to in no way hold the CCYFL, their employees, sponsors or affiliates liable from all present and future claims that may be made by participant, family or me. I understand that participation in this program involves certain risks, including but not limited to serious injury. I am voluntarily allowing my child to participate in this program with knowledge of the danger involved and agree to all risks of such participation.
3. I understand that the CCYFL does NOT provide insurance.
4. I authorize the CCYFL to take pictures of my child for promotional purposes only. I understand that the photos will not be accompanied by my child's name.
5. I understand there will be a \$10 processing fee for canceling prior to the registration deadline.

As a parent/guardian, I promise to be respectful of the other parents, coaches, officials and children on both teams. I promise to show sportsmanship and keep in mind that we, as adults, will be setting examples for the children. Failure to sign this pledge may result in termination of my child's sports participation, as will any unacceptable behavior on my part.

Parent/Guardian Signature: _____ Date: _____

Volunteer Opportunities

I would like to serve as a COACH _____ Assistant Coach _____ Team Parent _____

I would consider coaching if my child's team does not have a coach _____

Please contact me at _____

For any questions, please contact _____ at _____

Office Use Only

FEE	DATE RECEIVED	RECEIVED BY	RECEIPT #