



THOMPSON YOUTH CHEERLEADING 2019 REGISTRATION FORM



Registration Fees: \$165.00

NO Checks Accepted

Non-Resident Fee: Additional 10% per child
Multi-child Discount: 10% off 2nd, 3rd, 4th child

Registration Fee includes shell, skirt, bloomers, long sleeved shirt, hair bow, shoes, poms, backpack, admittance into High School cheer clinic, and end of season participation award.

1. **Child's Name:** First _____ Middle _____ Last _____

2. **Mother's Name:** _____ **Phone:** _____

Email Address: _____

3. **Father's Name:** _____ **Phone:** _____

Email Address: _____

4. **Address:** _____
Mailing Address City State Zip

5. **Primary Phone:** _____

6. In Case of an **Emergency**, if parents cannot be reached, please contact:

Name: _____ **Phone Number:** _____

7. **Date of Birth:** Month _____ Day _____ Year _____

8. **Birth Certificate** is: Attached Not Attached On-file

9. Please list any **Allergies/Medical Issues**, including those requiring maintenance medications (i.e. Diabetic, Asthma, Seizure disorder). Include medical diagnosis, medication, dosage, and frequency of dosage.

10. **Squad (based on Fall 2019 Grade):** 1st / 2nd 3rd 4th 5th 6th
Requirement: *Kindergarteners* MUST turn 6 prior to Aug. 2, 2019! NO 5-year-olds allowed!
6-year-old Kindergarteners will be cheering with 1st and 2nd graders.

11. Fall 2019 **Grade** _____

12. **NEW** or **RETURNING** Cheerleader

13. Current **Age** _____

14. Where will you attend **School in Fall 2019?** _____

15. Cheer **Experience** (number of years cheered) _____

16. **Pediatrician** or Family Physician's Name: _____ **Phone:** _____



You're not finished until you complete Page 2

Player's Name: _____

If your child cannot attend her scheduled uniform fitting (see "Important Dates" for fitting schedule), please contact Morgan (664-6840) immediately to set up a fitting session prior to June 24.

17. Per Alabaster City Ordinance 95-381 I understand: Any person who engages in arguments, uses abusive language, harasses game or league officials or exhibits any unsportsmanlike behavior may be barred from parks and/or recreation facilities and/or prosecuted.

Initials _____

18. MEDICAL AUTHORIZATION/CLAIM & REIMBURSEMENT DISCLAIMER:

I/we, the parent(s) and/or legal guardian(s) of the above-named candidate, know that participation in Alabaster Youth Sports may result in serious injury(ies), and moreover protective equipment does not prevent all injuries to participants. Therefore, I do in consideration of being allowed to participate in the above named activity, hereby assume all responsibility for said activity and/or child. I authorize the City of Alabaster Parks and Recreation Department (CAPRD) to obtain necessary medical care and treatment for the participant for any illness or injury occurring during the activity period, but I understand CAPRD is NOT assuming a duty to obtain medical treatment, make medical decisions, or render medical care or treatment to the participant. I understand that CAPRD has NO ACCIDENT or MEDICAL PAYMENT INSURANCE COVERAGE for the participant and I agree to pay all reasonable medical costs incurred if treatment is obtained. I release, indemnify and agree to hold harmless, CAPRD and its agents, elected officials, servants, and employees from all claims, action, causes of action and rights of recovery or reimbursements of any type that any participant has or may have in the future which arise from or are related in any manner to the activity(ies) (including, but not limited to, claims of bodily injury and property damage or loss), and I assume all risks and hazards incident to such activity(ies) and transportation to and from the same. This instrument is signed both individually and on behalf of the participant(s) present at activity(ies).

Initials _____

19. REFUNDS:

I/We, the parent(s)/guardian(s) of the above-named child, understand that refunds are not guaranteed. They will be considered depending on the circumstances. If approved, the refund amount will be determined after deducting the cost of any items already ordered for the participant.

Initials _____

20. TREATMENT AUTHORIZATION:

In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).

Initials _____

21. PARENTAL AUTHORIZATION:

I hereby give my approval for the above-named child to participate in all Cheer activities during the current season. I am the parent or legal guardian of the child that I have registered. I certify that all information given is correct.

Authorized Parent/Guardian Signature

Date

NOW you are finished! Thanks!



FOR OFFICE USE ONLY

Amount Paid _____

Cash Discover Master Card Visa Debit

Receipt No. OR Last 4 digits of Charge Card _____

Authorization Code _____

Date Paid _____

Employee initials _____