



THOMPSON YOUTH CHEERLEADING 2018 REGISTRATION FORM

Child's Name: _____ **Date of Birth:** ____ / ____ / ____
FIRST MIDDLE LAST

Squad (based on Fall 2018 Grade): K5 / 1st 2nd 3rd 4th 5th 6th

Registration Fees: \$165.00 **NO Checks Accepted** **Non-Resident Fee:** Additional 10% per child
Multi-child Discount: 10% off 2nd, 3rd, 4th child

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 18.

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.

Mother's Name: _____ **Cell No.:** _____ **Work No.:** _____
Primary EMAIL Address: _____
Please print LEGIBLY!

Father's Name: _____ **Cell No.:** _____ **Work No.:** _____
Primary EMAIL Address: _____
Please print LEGIBLY!

Address: _____
Mailing Address City State Zip
Primary Phone: _____

Where do you attend **School?** _____ **Fall 2018 Grade** ____ **Current Age** ____

In Case of an **Emergency**, if parents cannot be reached, please contact:
Name: _____ Primary Phone: _____

Please list any **ALLERGIES/MEDICAL PROBLEMS**, including those requiring maintenance medications (i.e. diabetic, asthma, seizure disorder). Include medical diagnosis, medication, dosage, and frequency of dosage.

Birth Certificate is: Attached Not Attached **NEW** or **RETURNING** Cheerleader
REQUIREMENT: ALL Cheerleaders must submit a copy of your Birth Certificate no later than June 8, 2018.



Player's Name: _____

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

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

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

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).

Name of Pediatrician or Family Physician: _____

Phone: _____

INITIALS

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 _____