

2019 North West Competitive Cheer Registration

(Please print clearly)

CHILD'S NAME: _____ **PARENT'S NAME:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL: _____

PREFERRED CONTACT NUMBER (for messages, cancellations, etc) _____

Any past gymnastics/cheerleading experience _____ (Yes/No)

DATE OF BIRTH: _____ **CHILD'S AGE:** _____ **GRADE THIS FALL:** _____

Registration: \$150.00 includes practice/game day apparel

SHIRT SIZE _____

(Please specify Y-S, Y-M, Y-L, Y-XL, A-S, A-M, A-L)

LIABILITY RELEASE:

I give my permission for _____ to participate in the NorthWest Competitive Youth Cheerleading Program. I agree not to hold the NorthWest Competitive Cheer Organization, its Officers, Managers, Coaches, Directors, Volunteers, or Board Members responsible for any injuries incurred by my child during practice, competition, game, or event.

EQUIPMENT USE AGREEMENT:

I hereby agree to return **ALL** Cheerleading uniforms and equipment issued to my child by NorthWest Competitive Cheerleading personnel, or I will pay for those items.
The fee for unreturned Cheerleading uniforms shall not exceed \$125.00. Legal action will be taken on any individual who does not return the Cheerleading Uniforms after attempts are made by NorthWest Competitive Cheerleading personnel to recoup them.

ACKNOWLEDGEMENT:

I acknowledge I have fully read and understand the **Liability Release** and the **Uniform Use Agreement** and agree to the terms listed above. I also acknowledge the registration Fee is non-refundable after the uniforms have been ordered.

PARENT'S PRINTED NAME: _____

PARENT'S SIGNATURE: _____ **DATE:** _____

INFORMED CONSENT:

I hereby give permission for _____ to participate in the NorthWest Competitive Cheerleading program during the athletic season end of July 2018. Further, I authorize The NorthWest Competitive Cheerleading Directors and/or Coaches to provide emergency medical treatment of an injury to or illness of my child if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Family Physician: _____ Phone: _____

Pre-existing medical conditions (e.g. allergies or chronic illnesses): _____

Emergency contact: _____ Phone: _____

Relationship to child _____

My child and I are aware that participating in the NorthWest Competitive Cheerleading program is a potentially hazardous activity. I assume all risks associated with participation in this sport including, but not limited to, falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me.

Parent Signature _____ Date: _____

Witnessed by: _____ Date: _____

(NorthWest Competitive Cheerleading Director's Name)

I am interested in being a Volunteer/Cheerleading Coach _____ Asst. Coach _____ Volunteer

Many volunteers are needed for fundraising, events, etc ...

(The Cheerleading Coordinator will interview all prospective coaches before being assigned to a team)

NWC Use Only

Amount Paid: _____ **Check #:** _____ **Cash:** _____ **Balance Due:** _____ **Collected By:** _____

FOR FURTHER INFORMATION OR QUESTIONS, CALL Juli Dexter @ 401-256-6115