

POWHATAN YOUTH ATHELETIC ASSOCIATION- 2009 CHEERLEADING REGISTRATION

Team: _____

Squad: _____

Participant's Name: _____
(LAST) (FIRST) (MIDDLE)

Age as of 12/31/09: _____ **Date of Birth:** _____ **Phone:** _____

Address: _____
City, State Zip

EMAIL ADDRESS: _____

Parents/Guardians Name: _____

Person to contact in case of EMERGENCY: _____

Relation: _____ **Phone:** _____

Does participant have any physical handicap that would prevent him/her cheering or that might occur or reoccur during participation in the cheerleading program? Yes____ No____

If yes, explain: _____
A "yes" answer does not mean that the participant may not cheer. It is required information so that coaches and others may better monitor participants on an individual basis if allowed to participate in the program.

The above listed member has my permission to participate in the PYAA cheerleading program. During any cheering events I will not hold PYAA/CCL or any property owner responsible for any liability or damages that may occur to any participant. I understand that insurance is carried by the CCL in respect to injuries to participants and that there is a deductible and that there is a maximum coverage.

Parent/Legal Guardian Signature: _____ **Date:** _____

Should a cheerleader become injured while cheering and immediate medical attention is needed, I understand that my child will be transported to the nearest hospital and I give my permission for my child to receive medical treatment in the event I am not able to be contacted.

Parent/Legal Guardian Signature: _____ **Date:** _____

I agree and understand

- That after the first week of practice, registration fees are non-refundable.
- That I am responsible for purchasing my child's uniform separately and the uniform cost in non-refundable.
- That it is my responsibility to read and review Powhatan's 2009 Rules and Regulations.
- That should I have a returned check, I will be responsible for replacing that check with cash as well as any fees charged by our bank plus a \$25.00 fee by PYAA. In addition, I understand I will be required to pay in cash for any future PYAA activities.
- Registration, medical information and copy of participant's birth certificate MUST be on file with the PYAA Cheering Division or my child will not be able to start practices or cheer at games.
- That at no time will I be reimbursed for any expenses relate to cheering without consent from the Cheerleading Board.

Parent/Legal Guardian Signature: _____ **Date:** _____

(Circle if interested) Director Secretary Coach Assistant Coach Team Mom Fund Raising Homecoming

Birth Certificate Is: Attached/On File **Fee Paid:** Cash_____ Check_____ # _____

CCL Medical Form completed _____