

St. Joseph's Cheerleading

2018 -2019

REGISTRATION FORM

PARTICIPANT INFORMATION PLEASE TYPE OR PRINT LEGIBLY

Last Name: _____ First Name: _____

Gender: Female Male Age: _____ Grade _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Mother's Name: _____

Father's Name: _____

(Include area code with telephone)

Mother's cell: _____

Father's cell: _____

****Person Authorized to pick up child: ****

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

*******(Please send in note if note on list & must bring ID)*******

EMERGENCY CONTACT*: _____ **RELATIONSHIP:** _____ **PHONE:** _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

PRACTICE AND PICK UP TIMES (1st practice starts 10/29/18)

Practice time:

- Mondays 2:30 – 4:30
- Thursday 2:30 -4:30

(All students in band & chorus can come before/after their practice times)

Pick up time:

- 4:30pm
- **Any students that's is not picked up at 4:30pm will be sent to Aftercare**

I hereby give permission to **St. Joseph's Cheerleading.,** to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

I hereby give permission to **St. Joseph's Cheerleading.,** to allow (not requirement) the student to participate in any all fundraising events for the team. _____ (Initial)

PARENT STATEMENT

I hereby state that (child's name) _____ is in good mental and physical health condition to participate in the activities provided by **SJS Cheerleading.,** including but not limited to all aspects of cheerleading (age appropriate stunts), tumbling (limited to ability), and dance training and or competition. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **SJS Cheerleading., its coaches and staff** from liability to the above-named athlete, of the person claiming through him/her, arising from injury to the person or property of the above-named athlete occurring in the premises of **SJS.,** including any event sponsored or sanctioned by **SJS.,** and or travel to and from such activities.

I understand that **SJS Cheerleading.,** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of school, etc.) or becomes involved in any activity or with any persons not associated with **SJS Cheerleading.,** or its scheduled program and that **SJS Cheerleading.,** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature _____ Date _____

Registration fee: \$60

Contact Information

For more information, contact Rayla Niland, Head Coach @ 617-750-6193

Email: 4nilands@gmail.com

Or Cristina Castillo, Assistant Coach

Email: Castillo.aslin@gmail.com