

(This section is to be completed by Jr. Bulldogs Staff only)

Participants Name: _____

*Registration fees include a
NEW Uniform, Wind Suit and
shoes that you will get to keep!*

\$225.00 Early Registration Fee February & March
\$235.00 Late Registration Fee April & May
\$245.00 Late Registration Fee June

Payment Plans are available

\$ 60.00 MANDATORY FUND RAISER (One fee per Athlete)

Registration Fee(s) \$ _____ Collected \$ _____ Balance Due \$ _____

Mandatory Fund Raiser \$ _____ Collected \$ _____ Balance Due \$ _____

TOTAL AMOUNT CHARGED \$ _____ Total \$ _____ Total Balance Due \$ _____

PAYMENT PLAN

Receipt # _____

If fees collected are for more than one participant, List the additional Name(s): _____
(Cheer Only)

****SPECIAL NOTE:**

ALL REGISTRATION FEES MUST BE PAID IN FULL BY: **June 7, 2009**

√ = Collected C = Coach's Exception F = On File O = Other (see Notes)

___ Registration Form(s) Complete & Signed ___ Hold Harmless Agreement Signed (same name as registration)

___ Copy of Birth Certificate & Insurance Card ___ Authorization to Treat ___ Gear Up Fundraiser Issued

___ Registration Fee(s) ___ Code of Conduct Issued ___ Mandatory Fundraiser Issued

Registration Completed By: _____ Date: _____

Special Notes:



Football & Cheerleading

2009 CHEERLEADING REGISTRATION 2009

Participants Name: _____

Address: _____

City/State/Zip: _____

Home Phone #: _____ Cell Phone #: _____

Do you have any previous cheer experience? Yes No

If Yes, how much: _____

What program would you like to be in this year: POMS or CHEER (circle One)
(This is for us to know what you like to do, but we cannot guarantee placement as it will depend on how many sign up)

Birth Date: _____ Current Age: _____

Grade child will be entering in September 2009: _____ (Please note that our participation levels have changed to conform to IRCA Rules)

Does your child suffer from Asthma or a respiratory condition? Yes No
Does your child have life threatening Allergic Reactions to Bee Stings? Yes No

Does your child have any other conditions that may limit his/her ability to participate? Yes No

If "yes", please explain: (also see Emergency Information on next page & you may need to have your doctor complete a Medical Release)

Father: _____ Mother _____

Home Phone: _____ Home Phone: _____

Work/Cell Phone: _____ Work/Cell Phone: _____

Email Address: _____ Email Address: _____

Emergency Contact: _____ Relationship: _____
Phone #: _____ Alternate #: _____

Primary Care Physician: _____ Phone: _____
Insurance Company: _____ Group #: _____ Policy #: _____

Do you have any children in the Football Program: Yes No

If "yes", what is the child's name(s): _____ Team: _____



Football & Cheerleading

EMERGENCY INFORMATION

ANY MEDICATIONS YOUR CHILD MAY NEED TO TAKE FOR ANY REASON MUST BE ADMINISTERED BY THE CHILDS PARENT/GUARDIAN. IF YOUR CHILD REQUIRES AN INHALER DUE TO ASTHMA/RESPIRATORY CONDITIONS YOU MUST SUPPLY US WITH THE FOLLOWING:

- AN INHALER/PRESCRIPTION WITH YOUR CHILDS NAME AS WELL AS FREQUENCY, IN ITS ORIGINAL PACKAGING WITH DOCTORS NOTE INDICATING THAT THE INHALER/PRESCRIPTION HAS BEEN SPECIFICALLY PRESCRIBED FOR YOUR CHILDS USE ONLY.

IF YOU'RE CHILD HAS LIFE THREATENING ALLERGIC REACTIONS AND REQUIRES THE USE OF BENADRYL/EPI PEN, YOUR CHILD MUST SUPPLY US WITH THE FOLLOWING:

- AN UNOPENED BOTTLE OF BENADRYL, PRESCRIBED MEDICATION, OR EPI-PEN WITH YOUR CHILDS NAME ON IT WITH CLEAR WRITTEN DIRECTIONS INCLUDING AMOUNT AS WELL AS FREQUENCY, IN ITS ORIGINAL PACKAGING AS WELL AS A DOCTORS NOTE INDICATING THAT THE PRESCRIPTION/EPI-PEN HAS BEEN SPECIFICALLY PRESCRIBED FOR YOUR CHILDS USE ONLY.

If your child has or requires any of the above please notify the official completing your registration. You will need to complete a release form, which must be filled out by your child's physician BEFORE your child's first day of practice.

HOLD HARMLESS AGREEMENT

I/We the parent(s) or legal guardian(s) of the below named participant in the Grant Jr. Bulldogs Cheerleading Program, hereby give my/our approval to participate in any and all Grant Jr. Bulldogs activities, including transportation to and from the activities.

I/We understand that my/our child/ward or I/We may be photographed or videotaped while participating in the Grant Jr. Bulldogs Program. I/we give permission for photos and videotapes of my/our child/ward or us to promote the Bulldogs Program. Such photos and videotapes will remain the property of the grant Jr. Bulldogs or its agents.

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear and tear. I/We also acknowledge receipt of and agree to the terms of the player and parent codes of conduct.

I/We know that participation in cheerleading may result in serious injuries and protective equipment does not prevent all injuries to participants, and so I/We hereby waive, release, absolve, indemnify and agree to hold harmless the Grant jr. Bulldogs Booster Club, it's officers, directors, coaches and participants from any and all claims of medical, surgical and nursing care that may be incurred as a result of participation in the Grant Jr. Bulldogs Cheerleading Program.

Participants Name: _____

Parent(s) or Guardian(s) Signatures: _____

Date: _____

Witness: _____