



Cheerleading Player Registration Form Season FY 2011

Player's Last Name: _____ First Name: _____ MI: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Sex: M F Date of Birth: _____ Age on or before July 31, 2011: _____

Father's or Legal Guardian Last Name: _____ First Name: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Address (if different): _____ City: _____ State: _____ Zip: _____

Mother's or Legal Guardian Last Name: _____ First Name: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Address (if different): _____ City: _____ State: _____ Zip: _____

Information provided below will be put into our Rec-Check database so you will start receiving emails and text messages for game cancellations, camp info, etc. If you do not wish to receive this info please leave blank. Print clearly.

Father's Email: _____ Cell Phone # & Carrier _____
 Mother's Email: _____ Cell Phone # & Carrier _____

Please check one of the following if you are interested and want to participate. _____ Squad Mother

Resident/Non-Resident

You must check one - any false information will result in expulsion from play. Thank you!

_____ Live in Lee County. \$15.00 = \$15.00

Please make note that you are registering to cheer, but not with a particular squad.

Is your child covered by insurance? YES NO

I/We the parents of the above child, hereby give approval for his/her participation in any and all activities connected with the above program. I/We assume all risks and hazards incidental to the conduct of the activity, and transportation to and from the activities and I/We do further hereby release and hold harmless the Tupelo Parks and Recreation Department, Tupelo Advisory Board, the City of Tupelo, the sponsors, the supervisors (both staff and volunteer) and/or all them from any and all claims of injury and/or claims arising from participation in the above activity.

In case of injury to my child, I/We likewise waive all claims for damages that we might have against the above mentioned and likewise waive any claim against any person transporting my/our child to or from activities.

No refunds will be given after registration dates.

Parent/Guardian Signature

Office Use Only

Payment \$: _____ Receipt #: _____ Date: _____ Payment: Check / Cash / CCard Received By _____