

**Please complete and return to:
Plainsmen Jr. Cheerleading League
20 Cortland Blvd.
Clifton Park, NY 12065**

Cheerleader Name: _____

Address: _____

E-Mail: _____

Age: _____ Grade : _____

Phone: _____ Parents Name: _____

Emergency Contact Name: _____

Phone Number: _____

**Parent or Legal Guardian
Please complete:**

I have medical insurance coverage for the above registered participant:

Yes _____ No _____

I, the undersigned parent or legal guardian, agree that Plainsmen Jr. Cheerleading League assumes no legal liability for injuries or other loss as a result of such participation.

Parent or Legal Guardian _____ Date _____