

Code: \_\_\_\_\_ Phy: \_\_\_\_\_

**Plainsmen Junior Cheerleading League  
Registration Form (Deadline 6/01/20)**

Player Name: First \_\_\_\_\_ Last \_\_\_\_\_

Age (This Fall): \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ School Grade 2020/2021: \_\_\_\_\_

Year(s) Cheered: \_\_\_\_\_ With whom: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parents Name: Mother \_\_\_\_\_

Father \_\_\_\_\_

Address if different from child's address:

Mother \_\_\_\_\_ Father \_\_\_\_\_ Home Phone \_\_\_\_\_

Address: \_\_\_\_\_

Parent Employment:

Father \_\_\_\_\_ Mother \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_ ext. \_\_\_\_\_ Work phone: \_\_\_\_\_ ext. \_\_\_\_\_

In order to participate in the Plainsmen Junior Cheerleading League, cheerleaders must have medical insurance coverage. *The League does not provide individual insurance coverage for cheerleaders. If you do not have insurance, please contact Alexandra Brogna 727-7266.*

I have medical insurance coverage for the above registered player:  
Yes \_\_\_\_\_ No \_\_\_\_\_

I, the undersigned parent or legal guardian of the above cheerleader, do hereby consent and agree that the above named may participate in the **Plainsmen Junior Cheerleading League**. I further consent that my daughter be examined prior to active participation by a physician and that the physician's opinion regarding my daughter's physical condition and ability to cheerlead shall be conclusive. It is agreed that the named association or sponsor assumes no legal liability for injuries or other loss as a result of such participation. It is further agreed that this consent shall remain in full force and effect until such time as the undersigned parent or legal guardian shall notify the **Plainsmen Junior Cheerleading League** in writing of the abrogation or cancellation of this consent.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Date Received	Paid by Check No.	Paid by Cash	Date Refunded & Ck. No.

Vacation Schedule: \_\_\_\_\_

Brother's Name in Plainsmen Jr. Football: \_\_\_\_\_ Grade: \_\_\_\_\_