

**Plainsmen Jr. Cheerleading League
Registration form for 2024-2025**

Last Name: _____ First Name: _____

Age: _____ Date of Birth ___/___/___ Grade in 2024-2025 _____

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. _____

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 Wise-Brogna 518-727-7266.*

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 because 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.