

Grand Ledge Area Youth Cheer Permission Form for Registration/Sign Up

Name _____ Phone _____

Address _____ City _____

Birthdate: _____ Grade in the Fall: 4th 5th 6th 7th 8th

School: **Circle One** HAYES BEAGLE ELEM. WACUSTA ST MICHAELS
DELTA CENTER WILLOW RIDGE NEFF HOME SCHOOL

Parent/Guardian Name: Mom _____ Dad _____

Parent Cell Phone: _____ **Email Address:** _____

Does your child have any physical or medical conditions? If "YES", Please explain: _____

I relieve GLAYC/GLAYF and its voluntary staff of all responsibilities of any accident or injury involving my child while participating in the cheerleading practices and games. I also accept the responsibility for seeing that my child is to the practices and games on time and picked up on time and that if my child is to be a GLAYC cheerleader to:

- 1) Pay the participation fee of \$90.00 - Fee must be paid with a check, money order or EXACT cash.
- 2) Furnish white tennis shoes, white ankle socks.
- 3) Furnish a white long sleeve mock turtleneck and navy bloomers for 4th and 5th grade cheerleaders.
- 4) Furnish a long sleeve white body suit and navy bloomers for 6th, 7th, 8th graders.
- 5) Provide my child with the team sweat suit package for the football season.
- 6) Return full uniform at end of season or pay \$90.00 for full uniform.
- 7) Return full uniform on time or pay a \$10.00 late fee.

Medical Emergency:

In the event of an emergency during MY/OUR absence, I/WE hereby authorize GLAYF Board Members and GLAYC coaches to seek local medical attention and transportation to a hospital if necessary, understanding that I/WE will be fully responsible for any cost.

Insurance Information:

Member Name: _____ Insurance Carrier: _____

Policy / ID # _____ Family Doctor: _____

I hereby certify that it is with my free knowledge and consent that my child named above may participate in the GLAYC / GLAYF football season.

I am willing to help with the following:

COACHING/ASST. - FUNDRAISING - BOARD MEMBER - BANQUET - CONCESSION - PARADE

Parent or Guardian Signature

Date

Do not write below this line – for GLAYC/GLAYF personnel only:

Payment received: Cash Check # Scholarship

SKIRT _____ SHELL _____