



Mountville Youth Athletic Association 2017 Cheerleading Registration

PARTICIPATION FEE SCHEDULE *Family max. charge for cheerleading registration \$300, does not apply to other fee's.

Cheerleading.....	\$120.00
Young Knights registration.....	\$40.00

NOTE: All fees are non-refundable. Also, as long as there are openings on a squad for the cheerleader, no refunds will be given.

PARTICIPANT INFORMATION

Participants Name:	Birth Date:
Address:	T-Shirt Size:
City:	Zip:
Last Year's Team:	Boro or Township:

Father's Name	Father's Info: (if different from above)
Address:	Phone:
City:	Zip:
Employer:	Occupation:
Cell Phone:	Email Address:

Mother's Name:	Mother's Info: (if different from above)
Address:	Phone:
City:	Zip:
Employer:	Occupation:
Cell Phone:	Email Address:

I will assist in the following (circle): Coach Asst Coach ***All parents must participate in concessions.**
Team Mom

CONSENT

I / We give permission for my daughter (print name) _____ to participate in the MYAA Cheerleading Program and request the above stated player participate in the organized sports program of the MYAA, and in consideration of such participation and intending to be legally bound hereby, said parent and/or guardian of player acknowledges that player will participate in the MYAA and all games and practices incident thereto and be using said facilities at his/her own risk and said parent and/or guardian of player on his own behalf hereby releases, discharges, holds harmless and indemnifies the MYAA and it's successors, assigns, coaches, and officers from all liability for injury to the person or property of the minor child, his heirs or assigns. This release and indemnification shall be binding upon parent and/or guardian, his spouse, heirs, and legal representatives.

*** I UNDERSTAND THAT NO PARTICIPANT WILL BE ELIGIBLE FOR AND/OR CONSIDERED FOR PARTICIPATION ON A COMPETITIVE LEVEL TEAM IF REGISTERED AFTER THE FIRST SCHEDULED TRY-OUT DATE, EVEN THOUGH A LATE REGISTRATION FEE MAY HAVE BEEN PAID - NO EXCEPTIONS ***

Signature of Parent or guardian: _____

ATHLETE EMERGENCY INFORMATION

In case of emergency, illness, or accident to the athlete listed above, the MYAA is authorized to proceed as indicated below:

Hospital Preference: _____

List other desired procedures: _____

List any allergies or other medical conditions to be noted : _____

Athlete's Primary Insurance Carrier: _____ **Policy Number:** _____

In the event of an emergency I/We grant permission to the attending physician to hospitalize, secure proper treatment for and order anesthesia, or surgery for my child

Signature of Parent or guardian: _____

FORM OF PAYMENT (FOR MYAA USE ONLY)

Registration Fee: **Total Amount:** _____

Received By: **Cash / Check Check #:** **Birth Certificate verified:** Yes / No