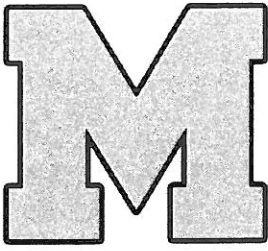


# Mountville Youth Athletic Association

## 2018 Cheerleading Registration



2018 Squad

Teams	Age(prior to Sept.1)
A-team	12,13, 14
B-team	10, 11, 12
C-team	8, 9,10
D-team	7, 8
Young Knights	5, 6

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

Cheerleading...ages 7-14 \$120.00      ages 5-6 \$40

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  
Team Mom      \*All parents must participate in concessions.

**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.

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 : \_\_\_\_\_

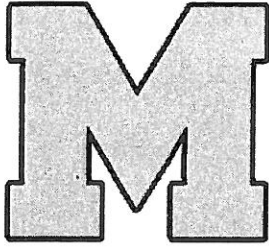
Athlete's Primary Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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 #: \_\_\_\_\_



# MOUNTVILLE YOUTH ATHLETIC ASSOCIATION

## CHEERLEADER MEDICAL RELEASE FORM

Student's Name: \_\_\_\_\_

Grade (next school year): \_\_\_\_\_

School: \_\_\_\_\_

I certify that \_\_\_\_\_ is physically capable and able to fulfill requirements needed to be a cheerleader. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my son/daughter in the event of illness or injury during and squad related activity when either parent/guardian cannot be reached. If there is any physical or medical reason why he/she should not participate fully, MYAA requires a doctor's release. Furthermore, MYAA is not liable for any injury incurred during cheerleading.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Treatment Permission Form**

In the event of an emergency occurring while my son/daughter is on an MYAA sponsored practice, performance, or trip, I grant my permission to MYAA and its representatives to take whatever action necessary. In the event that I cannot be reached, I hereby authorize MYAA and/or its representatives to give consent for my son/daughter, \_\_\_\_\_ to receive medical treatment.

***Person to be notified other than parent or guardian in an emergency:***

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

If you do not grant permission or authorization for consent to medical treatment, what procedure should be followed:

\_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Information**

	<b><i>Circle One</i></b>		<b><i>Circle One</i></b>
Heart condition or disease	Yes No	Asthma	Yes No
Diabetes	Yes No	Allergic to medication	Yes No
Convulsion disorder	Yes No	Allergic to insect stings	Yes No

State allergies \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Additional medical information that may be helpful \_\_\_\_\_

Any medications currently receiving \_\_\_\_\_