

**Cheerleading Registration Form  
2019**

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

\_\_\_\_\_

**Guardian Name(s):** \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Shirt Size of player (circle):**      YM    YL    AS    AM    AL    AXL    AXXL

\_\_\_\_\_ has my permission to participate in the Williams Memorial Cheerleading Program. I understand the purpose of the league is to develop cheerleading skills, sportsmanship, self-esteem, and discipline. I understand players will be supervised at all times during their scheduled practice or game times. I will not hold the coaches or chaperones responsible in case of an accident. I also understand that my child must keep their grades up and demonstrate positive behavior at school. The \$20.00 non-refundable fee (to cover team shirts and medals) is due on or before January 24<sup>th</sup>, 2019. Students must be picked up at the end time of each practice or event. If your child is not picked up on time, she may not be allowed to continue staying after school for practice and games.

\_\_\_\_\_

**Signature of parent or legal guardian**

\_\_\_\_\_

**Date**

**\_\_\_\_\_ I would like to be contacted to volunteer to help coach.**