

North Perry Pee Wees

REGISTRATION FOR:

Cheerleading

Teams: A-string B-string C-string D-string Flag

PLAYER INFORMATION

Players

Full Name _____ Date of Birth _____ Age _____

Last

First

Initial

Street

Address _____ City _____ ZipCode _____ School _____

Parent/Guardian _____ Address (if different than child's) _____

Home Phone _____ Work Phone _____

Emergency Contact _____ Phone _____

Email Address _____

In case of emergency does the Pee Wee coach have your permission to perform first aid, call an ambulance, and/or send your child to the hospital if required? YES _____ NO _____

Last years Team/Coach _____ Coach Preference? _____

CEERLEADING FEES

TO BE DETERMINED. WE ARE PRICING UNIFORMS.

PARENT PERMISSION: I hereby grant permission for my child to participate in the above sports season. I agree that the North Perry Pee Wee Association shall in no way be liable for any accident or injury in any way received by my child while engaged in any athletic activity sponsored by the North Perry Pee Wee Association. My child is covered by adequate protection under the following medical insurance plan: _____.

Further I understand that North Perry Pee Wee Association is a **non-profit, volunteer** organization and I have agreed to **1.)** attend the Monthly meetings (Second Wednesday of each month at 7:00pm at the Family Pancake House on Wheaton Way, and **2.)** I have agreed to volunteer and provide support to the organization in the following areas:

Coach/Assistant Coach _____ Fundraising _____ Baseball Field Work _____ Registration Assistance _____
Field/Gym Set-up _____ Team Parent (Scheduling/Calling) _____ Executive Board Position _____ (open each April)
Concession Stand _____ Volunteer opt -out \$20.00 _____

Refunds: Will be processed **AFTER** registration is closed. No refunds after 1st game of the season is played.

Date: _____ Parent Signature _____