

Woolridge Athletic Association

REGISTRATION

Cheerleading

Affix label with green stripe in this space.

Make corrections only in spaces provided below.

First Name

Last Name

Street Address

City

State

ZIP Code

Phone Number

Date of Birth (MM-DD-YY)

Age on 12/31 (Current Year)

Sex

Primary Family E-mail Address

CONSENT: I/we, the parent(s)/guardian(s) of the above named participant, hereby give my/our approval to their participation in the cheerleading program of the *Woolridge Athletic Association* and agree to comply with the Articles, By-Laws and Rules of the Association and all organizations with which it becomes affiliated. I/we assume all risks and hazards incidental to such participation, including transportation to and from activities, and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the *Woolridge Athletic Association*, the *Chesterfield Cheerleading League*, the organizers, sponsors, supervisors, participants and persons transporting my/our youth to and from activities for any claim arising out of injury to my/our youth, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. I/we will also furnish a copy of a Certified Birth Certificate for the above named participant on or before the day of the first practice session.

Parent/Guardian Signature

Date

Father/Guardian Chosen Name

Mother/Guardian Chosen Name

VOLUNTEERS ARE NEEDED:

- Coach
- Asst. Coach
- Squad Parent

FOR WAA USE

Reg. Fee (\$41/31): _____

CHECK NO: _____

Fee

Birth Certif.

Signature

Name

Work Phone