

SJCS Cheerleading Registration – Fall Season 2019

Last name _____ First name _____ Grade _____

Mother's name _____ Cell phone _____

Email _____

Father's name _____ Cell phone _____

Email _____

Emergency contact 1 _____

Emergency contact 2 _____

Emergency contact 3 _____

Who may pick up your child? _____

Is your child enrolled in the aftercare program? Circle one: YES NO

Medical release

In the event the student becomes ill, I authorize the directors or chaperones to obtain medical attention at a physician's office or hospital.

Insurance company _____

Group Number _____

Student's physician and phone number _____

Allergies _____

Please list all medical concerns _____

I understand that every effort will be made to reach me before medical attention is given to treat my child in an emergency.

Parent signature _____ Date _____

Parent/Student Responsibility

I hereby give my child permission to participate in St. James Cathedral School Cheerleading. I understand that I am responsible to make arrangements for my child to attend practices and games. I understand that there must be a parent or guardian present and responsible for my child at each game and event.

As a member of SJCS Cheerleaders, I agree to conduct myself in a Christian-like manner and to show good sportsmanship at all times. I understand that I must maintain an overall average of "C" to continue participating.

Parent signature _____ Date _____

Student signature _____ Date _____

Uniform

Top Skirt Bloomer Sock Bow

****Please write two separate checks made out to St. James Cathedral School****

For Coaches Use:

Fall Season Only Registration Fee \$75

Paid _____ Check # _____ Cash _____

Refundable Uniform Deposit \$50

Paid _____ Check # _____ Cash _____

