



Blanchard Park YMCA Family Center

Cheerleading Fall 2007 Registration Form



Last Name: _____ First Name: _____ YMCA Member: Y / N

Address: _____ City: _____ State: _____ Zip: _____

Age (as of 7/1/07): _____ Gender: M / F Date of Birth: _____ Grade: _____

Parent/s or Guardian/s: Mother: _____ Father: _____

Home Phone: _____ Mother's Work Phone: _____ Father's Work Phone: _____

Cell/Alternate Phone: _____ E-mail Address: _____

SPECIAL REQUESTS: (Requests are not guaranteed)

My Friend: _____

Practice Day: Tuesday Thursday Friday **or** Open Availability

Practice Time: (Please circle all that apply) 5:00pm 6:00pm **or** Open Availability

I WANT TO VOLUNTEER!

I would like to Volunteer as:

Asst. Coach _____ Team Coordinator _____ End of Season Party Committee _____

Volunteer's Name: _____ Phone # if different from above: _____ Shirt Size _____

E-mail if different from above: _____

AGE GROUPS
(Based on age as of 7/1/07)

- U-5 (3&4 yr. old)
- U-7 (5&6 yr. old)
- U-9 (7&8 yr. old)
- U-11 (9&10 yr. old)
- U-13 (11&12 yr. old)

UNIFORM SIZE
(Re-orders will be charged \$25)

- | | |
|--------------------------|---------------------------------------|
| Skirt | Shirt |
| <input type="checkbox"/> | <input type="checkbox"/> Youth Small |
| <input type="checkbox"/> | <input type="checkbox"/> Youth Medium |
| <input type="checkbox"/> | <input type="checkbox"/> Youth Large |
| <input type="checkbox"/> | <input type="checkbox"/> Adult Small |
| <input type="checkbox"/> | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> | <input type="checkbox"/> Adult Large |
| <input type="checkbox"/> | <input type="checkbox"/> Adult XL |

PROGRAM FEES

REGISTRATION
July 16th – August 28th, 2007

- YMCA Members: \$85.00
- Non-Members: \$130.00

Participation Waiver

I understand that the Central Florida YMCA assumes no responsibility for injuries or illness which my child may sustain as a result of his/her physical condition or resulting from his/her athletic activities, sports program, the use of any equipment, exercise or activities. I expressly acknowledge on behalf of myself that I assume the risk for any and all injuries and illness, which may result from my child's participation in these activities. I hereby release and discharge the Central Florida YMCA, its agents, servants and employees from any and all claims for injury, illness, death, and loss or damages which my child may suffer as a result of his/her participation in these activities. I give permission to the Central Florida YMCA to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include me or my family's image or voice for the purpose of promoting or interpreting Central Florida YMCA programs. All leagues could involve some travel to other Central Florida YMCA's for games. If registering during late registration and shirts have already been ordered, you may incur a \$20 additional fee for a special order.

Acceptance

I acknowledge the waiver set forth above, and being in sympathy with the Mission Statement of the Central Florida YMCA agree to sign this waiver. I have received the Parent/Player Handbook and agree to comply with the YMCA Youth Sports Philosophy by upholding the values of Caring, Honesty, Respect, Responsibility, and Faith.

Signature of Parent or Guardian _____ Date _____

Amount Paid: \$ _____

Scholarship: \$ _____

Date: _____

Staff: _____