CSSU Buccaneer Cheer

Registration

\*\*\*$75 due with registration\*\*\*

Cheerleader Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_

Warm-up Jacket Measurements: Chest:\_\_\_\_\_\_\_\_\_\_\_ Waist:\_\_\_\_\_\_\_\_\_\_\_ Usual Size \_\_\_\_\_\_\_\_\_\_\_\_\_

Uniform shell: YS YM YL AS AM AL Uniform skirt: YS YM YL AS AM AL

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: (other than above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group # \_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_

**Pre-existing medical conditions (diabetes, asthma, etc.): Allergies/Medications**

***Authorization for Medical Attention and Informed Consent***

*The coaching staff hereby informs both the participants and parents that there are risks inherent in participating in cheerleading activities. By signing below the participant and parents acknowledge this information and give their consent to participation.*

*I realize there is a risk of being injured that is inherent in all sports. I understand the risks include severe injuries such as fractures, brain injuries, paralysis, or even death. I agree to hold harmless the Chittenden South Supervisory Union, its employees, elected officials, or any other volunteers or instructors from any and all liability from any injury, claims, costs or loss of services which might be incurred by participation in said programs, activities, or events. Furthermore, I certify that my child/participant is in good health and that there are no limitations to his/her participation except as stated in writing above.*

*In the event of serious accident or illness concerning my child, I understand that the Champlain Valley Union Coaching Staff will try to contact me using the information above. If a parent cannot be reached, I authorize the coaching staff to take whatever steps it deems necessary for the health, security, and comfort of my child. Permission is hereby granted for my child/participant to receive emergency treatment, if needed and I authorize responsibility for the costs of medical treatment, hospitals, ambulances, or paramedics, etc. arising from an injury to my child while participating in the Youth Cheer Camp.*

*Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*I give permission for photos/videos to be taken of my child and shared via website*

Please make checks payable to Jill Gorman.

If mailing registration send to: Michelle Filardi 161 Murphy Rd. Charlotte, VT 05445