

CSSU Buccaneer Cheer

Registration

\$75 due with registration

Cheerleader Name: _____ Grade _____

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

