

**LANDMARK YOUTH CHEERLEADING 2008-2009**

**CHEERLEADER INFORMATION**

CHEERLEADERS NAME (as on Birth Certificate): \_\_\_\_\_

NAME CHEERLEADER USES (if different from above): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

SCHOOL ATTENDING IN FALL: \_\_\_\_\_

GRADE IN FALL: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ AGE (as of 8/1/2007): \_\_\_\_\_

**MEDICAL INFORMATION**

INSURANCE COMPANY: \_\_\_\_\_

POLICY #: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_

PHYSICIAN'S PHONE: \_\_\_\_\_

ALLERGIES ? \_\_\_\_\_

CHEERLEADER IMMUNIZED? \_\_\_\_\_

**PARENTAL INFORMATION**

FATHER'S NAME: \_\_\_\_\_

FATHER'S CELL PHONE: \_\_\_\_\_

FATHER'S E-MAIL ADDRESS (if you check it regularly): \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

MOTHER'S CELL PHONE: \_\_\_\_\_

MOTHER'S E-MAIL ADDRESS (if you check it regularly): \_\_\_\_\_

(League Use Only)

CHEERLEADING: \_\_\_\_\_

CHEERLEADING: \_\_\_\_\_

CAMP: \_\_\_\_\_

RAFFLE: \_\_\_\_\_

OTHER: \_\_\_\_\_

CHECK #: \_\_\_\_\_

AMOUNT DUE: \_\_\_\_\_

Which of the following would you be willing to volunteer to do for your child's team:

Coach     Team Parent     Concession     Game Announcer     Chain Crew

**RELEASE AND WAIVER OF LIABILITY  
JUNE 1, 2008 – DEC. 31, 2008**

The undersigned hereby acknowledges a desire for member(s) of the family to participate in recreational programs of the Landmark Youth Cheerleading Association. The undersigned further acknowledges that such participation, including travel to and from events, involves an inherent risk of physical and mental injury, but acknowledges that participation is voluntary and agrees to assume any and all risk.

The undersigned further acknowledges and agrees that the Landmark Youth Cheerleading Association, its members, officers and agents, the city of Landmark, its Council members, employees and agents assume no responsibility for personal injuries and/or property damage which might be suffered by the family member(s) during any and all participation and do hereby expressly release the Landmark Youth Cheerleading Association, its members, officers and agents, the city of Landmark City, its Council members, employees and agents, from any and all liability relating to any such injuries and/or damage.

By signing this release, the parent/adult participant consents to such participation by the minor(s) and/or adult(s) and also verifies that the participant has:  
Sufficient medical insurance in effect during the period of June 1, 2005-Dec. 31, 2007

The undersigned further gives consent for emergency medical treatment of minor in a licensed hospital or medical center by a licensed Georgia physician should his/her condition require it in the absence of the undersigned. As long as the medical or surgical treatment necessary is in accordance with generally accepted standards of medical practice, the undersigned imposes no specific limitations or prohibitions regarding treatment.

The undersigned further acknowledges that he/she will read the Landmark Youth Cheerleading Association Handbook located on the web-site and agrees to adhere to all rules and regulations governing the Landmark City Youth Cheerleading Association, as set forth in the handbook, including but not limited to, the Landmark Youth Cheerleading Association By-laws and the Parents' Code of Ethics.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

League Use Only: \_\_\_\_\_

Weight: \_\_\_\_\_

Uniform: \_\_\_\_\_

Shoe size: \_\_\_\_\_

Skirt / short Size : \_\_\_\_\_