



SOUTH FAYETTE TOWNSHIP YOUTH CHEERLEADING ASSOCIATION REGISTRATION FORM



Website: www.SFTYCA.org

Email: maallan@burnswhite.com

ALL Information Required BEFORE Participation

CHEERLEADER INFORMATION

CHILD'S NAME: _____ **Birth date: (mm-dd-yyyy)** _____

Please **CIRCLE** T-Shirt size: **YS(6-8)** **YM(10-12)** **YL(14-16)** **AS** **AM** **AL**

Please circle the years your daughter has **completed** in the SFTYCA program: **1st grade** **2nd grade** **3rd grade** **4th grade** **5th grade**

Grade of Cheerleader in **Fall 2016:** _____ Will your child participate in another Saturday sport during football Season? **Yes / No**

Will you have a son enrolled in the **SFTYFA** (Youth Football) program for the 2016 season?? **YES / NO**

If yes, please provide name and age division: _____

PARENT AND EMERGENCY CONTACT INFORMATION

| | |
|---|-------------------------------|
| Parent (s) /Guardian (s): | Home Phone: |
| Address: | Cell Phone: |
| City, State, Zip: | Work Phone: |
| Email: (please print) | |
| Emergency Contact Name (other than Parent/Guardian): | Emergency Phone/Cell #: _____ |
| | Emergency Relationship: _____ |

PRIMARY DOCTOR INFORMATION

Name & Location of PCP/ or Family Doctor: _____ Phone#: _____

CHILD'S HEALTH HISTORY

Does the Cheerleader take medication on a regular basis or have any conditions, such as Food Allergies, Insect Stings (allergy), Asthma, Diabetes, Seizures or any other Medical Conditions? **If yes, please explain condition below and list all medications.** Please note: in some instances, a doctor's release to participate may be requested.

WAIVER AND DISCLAIMER

I/We, the parent (s) and /or legal guardian (s) of the above named cheerleader, hereby give approval for her participation in **any and all** sponsored activities, including performing stunts/routines/tumbling and the use of cheer photos taken during the specified cheer season. I/We understand that unanticipated events may arise and assume all risks and hazards incidental to such participation. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the SOUTH FAYETTE TOWNSHIP YOUTH CHEERLEADING ASSOCIATION and its employees, volunteers, directors, committee members, coaches, sponsors and participants for any claim of injury to the above-named cheerleader. In my absence, I hereby grant permission to managing personnel to obtain emergency medical care should the above-named cheerleader become ill or injured while participating and understand that I will be notified as soon as practical. I/We understand that any medical expenses will be billed directly to me/us.

I/We understand that the above-named cheerleader is to attend MANDATORY Cheer Camp, dates of which have been provided to me at registration.

I/We agree to purchase the mandatory merchandise required for the above-named cheerleader to participate in this season.

I/We acknowledge that the "Standards of Participation" and the SFTYCA By-Laws, including association policies and procedures, are available at www.SFTYCA.org, and that **it is our responsibility to read and abide by them.**

I/We agree that the information provided above is accurate/correct so far as I/We know.

Parent /Guardian Signature: X _____ **Date:** _____

REGISTRATION COST FOR THE 2016 SEASON IS \$160.00 AND IS NON-REFUNDABLE
A \$50.00 REBATE WILL BE GIVEN AT REGISTRATION FOR REGISTERING TWO OR MORE CHILDREN
PLEASE ADDRESS ALL REGISTRATION QUESTIONS TO MICHELLE ALLAN @ MAALLAN@BURNSWHITE.COM

DATE OF PAYMENT: _____ AMOUNT RECEIVED \$ _____ CHECK NUMBER: _____ INITIALS: _____