

Payment method:  
Cash \_\_\_\_\_  
Check \_\_\_\_\_  
Online \_\_\_\_\_



GYA

Pee Wee Cheerleader Registration

**Participant Information**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
DOB \_\_\_\_\_ Age \_\_\_\_\_ **Grade next school year** \_\_\_\_\_  
School that you attend \_\_\_\_\_  
Mothers Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Accept text messages Yes/No \_\_\_\_\_  
Fathers Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Accept text messages Yes/No \_\_\_\_\_  
Has your daughter participated in any GYA program? YES/NO \_\_\_\_\_  
Current Homeroom \_\_\_\_\_

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Consent to Cheer:

I/We the parents of \_\_\_\_\_, hereby give my/our approval to his/her participation in any and all activities of the Grandview Pee Wee Cheerleaders of the Grandview Youth Association. I/We assume all risks and hazards incidental to such participation including transportation to and from activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless the GRANDVIEW YOUTH ASSOCIATION, the organizers, sponsors, supervisors, and participants for any claim arising out of an injury to my/our son/daughter whether the result of negligence or any other cause, except to extend and in the amount covered by accident or liability insurance.

I/We understand that there is a registration fee that will be used to cover the portion of liability insurance issued on our son/daughter. Any check that is returned by any financial institution is subject to a \$25 service charge. I/We understand that no requests for refunds of registration fees will be considered after uniforms are ordered. Parents will be required to commit to coverage of a (1) hour time slot in the concession during (2) of the home games. (Games other than when your son/daughter is participating)

If you are unable to pay the registration fee, please contact the Grandview Youth Association Board of Directors to discuss alternative payment arrangements. All requests must be approved by the Grandview Youth Association Board of Directors prior to the start of the season.

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

Date \_\_\_\_\_

Deposit: \_\_\_\_\_