

## Woolridge Athletic Association Cheerleading Registration

### Athlete Information

|             |                |
|-------------|----------------|
| First Name: | Sex:    F    M |
|-------------|----------------|

Last Name:

Street Address:

City, Zip:

Date of Birth (mm/dd/yy):

Age as of September 30, 2018:

Grade in September 2018:

School Attending:

Squad (WAA to determine):                  Flags                  Minors                  Juniors                  Seniors

### Parent/Guardian Information

First Name:

Last Name:

Relationship to Athlete:

**Mobile Phone Number:**

**Secondary Mobile Number:**

Primary Email:

Secondary Email:

**CONSENT:** I/we, the parent(s)/guardian(s) of the above named participant, hereby give my/our approval to their participation in the cheerleading program of the *Woolridge Athletic Association* and agree to comply with the Articles, By-Laws and Rules of the Association and all organizations with which it becomes affiliated. I/we assume all risks and hazards incidental to such participation, including transportation to and from activities, and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the *Woolridge Athletic Association*, the *Chesterfield Cheerleading League*, the organizers, sponsors, supervisors, participants and persons transporting my/our youth to and from activities for any claim arising out of injury to my/our youth, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. I/we will also furnish a copy of a Certified Birth Certificate for the above named participant on or before the day of the first practice session.

**Parent/Guardian Signature:**

**Date:**

**VOLUNTEERS ARE NEEDED (please check below if able)**

**FOR WAA USE ONLY:**

Coach?

Birth Certificate:

Asst. Coach?

Registration Fee:

Squad Parent?

Amount Paid:

Name:

Check Number or Cash:

Work/Daytime Phone:

Signature Present: