

2021 HAMLET RECREATION CHEERLEADING
REGISTRATION FORM

Eligible Age Groups:

5-13 year olds, must have been 5 by April 30, 2021 cannot have turned 14 before same date.

Registration Dates: August 23rd –September 24th from 8:00 AM to 4:30 PM

(Coaches will provide information on Cheer attire and cost as a team)

REGISTRATION FEES: \$15 per child

Paid: Cash _____ Check No. _____ Credit Card: _____

Returning Participant: Yes ____ No ____

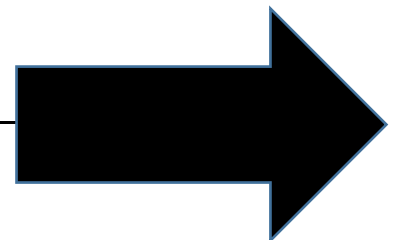
If No, proof of age by copy of birth certificate must be presented to be eligible to participate.

Player/Child Information: (As it appears on Birth Certificate)

First Name:	Middle:	Last:
Birth Date:		
Age as of April 30, 2021: _____	Sex: Boy ____ Girl ____	
Previous Team Name (If applicable):		
**SIBLINGS ONLY! If you would like to have siblings on the same team, you must list the siblings name here: _____		
Please note that once teams have been selected, there will be no changing in team rosters.		

Primary Parent/Guardian Information:

Parent/Guardian First Name:	Last Name:
Street address:	
Mailing address:	
City:	
State, ZIP:	
Cell phone:	Home phone:
Email:	
Secondary Contact Name:	Phone number:



I hereby agree that the child will play with any team to which he/she is assigned by League Officials.

I, parent or guardian, understand that fees will not be reimbursed if my child decides not to participate in this sport for any reason.

I hereby certify that my child is in good health and know of no reason why he or she should not participate in this sport.

I, parent or guardian of the above named child assume all risk and hazards incidental to such participation, including transportation to and from the activities; and do hereby waive, release and agree to hold harmless the HAMLET RECREATION SOCCER LEAGUE and its employees and volunteers for any claim arising out of any injury to this child. I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should this child become ill or injured while participating in activities away from home, or at other times, when neither parent nor guardian is available to grant authorization for emergency treatment.

Signature: _____ Date: _____
(Parent or Legal Guardian)

Check if Interested:

___ Coach	Name: _____	Phone: _____
___ Assistant Coach	Name: _____	Phone: _____
___ Sponsor Team Cost to Sponsor is \$175.00	Name: _____ Sponsor Team Name: _____	Phone: _____