

MANASSAS PARK 2009-10 BIDDY BALL CHEERLEADING REGISTRATION

PLAYER INFORMATION

Name:		
Date of birth:	Gender: Male Female	Home Phone:
Current address:		
City:	State:	ZIP Code:
School Cheerleader Attends:		Grade in Fall 2009:

FAMILY INFORMATION

Parent/Guardian #1 Name:		
Relationship <i>(Please circle)</i> : mother father legal guardian		
Home Phone:	Cell Phone:	Email:
Parent/Guardian #2 Name:		
Relationship <i>(Please circle)</i> : mother father legal guardian		
Home Phone:	Cell Phone:	Email:

EMERGENCY CONTACT

Emergency Contact:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Insurance Company:		Policy Number:
List Any Medical Problems or Known Allergies:		

COMMUNICATION INFORMATION

Please provide an email address of an adult or responsible older child who will check for messages regularly during the season. The size of our organization prevents us from relying exclusively on phone or mail for necessary communications. Important notices are sent during the season; please use parent email address that is checked regularly.

Email:	Alternate Email address:	<input type="checkbox"/> I do not have an email address
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SHIRT SIZE

<input type="checkbox"/> Child Medium	<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult Large
<input type="checkbox"/> Child Large	<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult X-Large

This registration is considered public record and as such may be released under the Virginia Freedom of Information Act (FOIA) unless the parent/guardian specifically requests that this information not be released.

Yes

No, I do not authorize the release of this registration information.

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FAMILY HEALTH/DENTAL INFORMATION:

Carrier: _____ Group: _____ Policy #: _____
 Group#: _____ Group#: _____ ID#: _____
 Family Physician Name: _____ Phone: _____ Address: _____
 Family Dentist Name: _____ Phone: _____ Address: _____
 Allergies (list): _____
 Serious Medical Conditions: _____

Liability Release. I understand the nature and scope of the above listed class/program. I understand that there are risks and danger associated with the class/program. I understand that it is not the function of the City of Manassas Park, Department of Parks and Recreation, its employees, agents, operators or instructors to guarantee that the safety of participants with respect to activity (s). I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants. In consideration of my (the participant's if under the age of 18 and parent, legal guardian or legal custodian is signing for participant) being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Manassas Park, its employees, agents, operators and instructors from any and all claims, demands, costs, charges and expenses from harm, injury, damage or loss which may be sustained by me (by participant if under the age of 18 and parent, legal guardian or legal custodian is signing for participant) as a result of or related to participation in this activity.

Signature of applicant:	Date:
Signature of parent/guardian:	Date:

Office Use Only

Birth Certificate Data:

Physical/Immunization Data:

Team:	Practice:	Coach:	Number:

Payment Information	Method of Payment
Taken by: _____ (initials)	Credit Card
Date paid in full: _____	Check # _____
Amount Received: _____	Cash
	Receipt #: _____

