

**BRANDYWINE CHEERLEADING
REGISTRATION FORM**

Kindergarten through 6th grade for upcoming school year

CIRCLE YOUR SEASON FOR THE UPCOMING SCHOOL YEAR

SEASON: FALL WINTER

CHEERLEADER NAME _____

UPCOMING GRADE _____ DATE OF BIRTH _____

PARENT(S) NAME _____

HOME ADDRESS _____

HOME PHONE NUMBER _____

PARENT AND CHEERLEADER CELL PHONE NUMBER _____

PARENT AND CHEERLEADER EMAIL ADDRESS _____

EMERGENCY CONTACT AND PHONE NUMBER _____

ALLERGIES _____

OTHER MEDICAL CONDITIONS WE SHOULD BE AWARE OF _____

As the parent/ legal guardian, I give permission for my child listed above to participate in the activities of the Brandywine Cheerleading for the UPCOMING season. I agree to be responsible for fees and fundraising obligations. I also understand that volunteers are essential to making the program work and I agree to participate in some area as a volunteer during the season.

PARENT SIGNATURE AND DATE _____

I, _____ (parent name), understand that while participating in the sport of cheerleading , there is the possibility of injury. While participating in the Brandywine Cheerleading Youth Program, proper and safe cheerleading techniques will be taught and used. However, in the event of an injury that occurs while participating in the Brandywine Cheerleading Recreation program, **I will be covered under my own, personal insurance.** I also understand that the Brandywine Heights Area School District, the Brandywine Heights High School Cheerleaders, the Brandywine Heights Cheerleading Booster Club and Brandywine Cheerleading Youth coaches are not liable in the event of an injury either.

PARENT SIGNATURE and DATE _____

Current year spring through winter season