



Southern Youth Sports Association
CHEERLEADING REGISTRATION 2009

Name (print) _____ Age: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent's Email Address: _____ Pager #: _____

Father's Name: _____ Work Phone: _____

Mother's Name: _____ Work Phone: _____

In Case of an Emergency Contact: _____ Phone #: _____

Who Does the Child Live With? Mother _____ Father _____ Both _____

School: _____ Grade Point Average: _____ Grade: _____

Homeroom Teacher: _____ Principal: _____

Did the Child Cheer Last Year? _____ If So, Where? _____

Would You Like to Volunteer? Yes _____ No _____

Does the child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or other significant medical condition? YES ___ NO ___

If yes, please state condition:

If you wish to have your doctor contacted in case of emergency:

Doctor's Name: _____ Phone #: _____

EMERGENCY AUTHORIZATION (from Above)

I, the parent or guardians of the participant, a minor, hereby authorize the coaches, staff, or volunteers of SYSA, as my Agents, to consent to medical examination of my child. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the above emergency contact.

Parent's Authorization Signature: _____

WAIVER OF LIABILITY, DISCLAIMER, AND PERMISSION

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves the risk of physical injury. I further acknowledge that the programs of SYSA are primarily administered by a small staff, and unpaid volunteers. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs, I (for myself as well as my child, his/her heirs and assigns) hereby release, discharge, and hold harmless the SYSA, its employees, volunteers and other representatives or affiliates from and against any claims arising out of or relating to illness, physical injury, death, or other damages while participating with the SYSA organization. I give my permission for free use of my child's name and picture in broadcasts, telecasts or written accounts of any game, practice or participation in any SYSA sponsored event. I also understand that it is my responsibility to provide Medical and Injury insurance for my child.

Signature of Parent or Guardian: _____ Date: _____

REQUIREMENTS

Original Birth Certificate
REGISTRATION FEE \$60.00/Nonrefundable

MAIL TO P.O. BOX 17233 PENSACOLA, FL 32522

FOR OFFICE USE ONLY

Registration Fee \$ _____ Collected By: _____

Uniform Fee \$ _____

[] Cash

[] Check/Money Order # _____ Bank/Credit Union _____

MAKE Checks/Money Order Payable to:

