

2008 A.H.Y.A.A. Cheerleading Registration Waiver Form (PLEASE PRINT)

Child's Name _____ NEW _____ NON FEE _____
 Grade In Fall _____ School _____ DOB ____/____/____ FEE _____
 Parent's Name / Guardian _____ AMT PAID _____
 Address _____ Zip _____ CASH _____ CHECK # _____
 Phone # _____ E-mail address: _____
 Does participant have a sister on another squad? Yes ___ No ___ Name/Grade _____
 Does participant have a brother in the football program? Yes ___ No ___ Name/Grade _____

Cheerleading Fees (Residents) - \$170.00 (after 5/3/08 - \$185.00) 2nd child same family - \$100.00
(Non Residents) - \$195.00 (after 5/3/08 - \$210.00) 2nd child same family - \$125.00

	<u>State Youth or Adult</u>		<u>Received</u>
T-Shirt	size _____		_____
Bodysuit	size _____	\$ 25.00	_____
Briefs	size _____	12.00	_____

Refunds: An administration fee of \$20.00 will be charged for any refund requests. No refunds after games begin.
Returned Check (s): \$20.00 will be charged for any returned check(s).
Eligibility: Grades 1 thru 8 (grade in Fall '08).
Participation: Parents must sign up for and participate in a job (see attached job description sheet) 2 or more children - 2 jobs, OR pay an extra \$50.00 non-participation fee per child.

Code(s) Job 1: _____ Job 2: _____
(See List) Code # & Name Code # & Name
 ** Failure to perform job(s) completely will result in assessment of \$50.00 per job not completed. **

The undersigned parent/guardian hereby registers the above named child as a participant in the Arlington Heights Youth Athletic Assoc. (A.H.Y.A.A.) program. The undersigned parent/guardian, for and in consideration of such child being permitted to participate in AHYAA activities does hereby release and forever discharge AHYAA, its officers, directors, supervisors, volunteers and participants, and all other persons, firms, corporations, associations, or other entities from any and all claims, actions, causes of action, demands, rights, damages and costs whatsoever which may hereafter accrue on account of or in any way growing out of any and all known or unknown, foreseen or unforeseen bodily or personal injuries and property damages, and the consequences thereof, arising out of or resulting from participation in AHYAA activities, including but not limited to, tryouts, practices, games, contests, and transportation to or from such activities.

PARENT / GUARDIAN SIGNATURE: _____

To Whom it May Concern: _____ 2008 Season

As a parent/guardian of the child named below, I do herewith authorize the treatment by a qualified and licensed medical doctor in the event of medical emergency which in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Participant: (first and last name) (PLEASE PRINT) _____
(This release is completed and signed of my own free will for the purpose of authorizing medical treatment under emergency circumstances.)

Signed: _____ **Phone #** _____

Physician or Provider: _____ **Phone #** _____

Specific medical allergies, chronic illnesses or other condition _____

Emergency contact: _____ **Phone #** _____

Relationship to participant: _____