

# FYL CHEER

**Cheerleader's Name:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Text: Y N**

**Text Reminder: text @gh49c to 81010**



Grades: Kindergarten – 6<sup>th</sup> grade

Early Registration: July 24<sup>th</sup>, 6-8pm at The Fremont Team Building \$40.00

Late Registration: Accepting through August 26<sup>th</sup>, \$50.00

Practices: 1 day a week, after school, Elementary gym, Date and Time TBD, 1<sup>st</sup> practice week of August 20<sup>th</sup>

Game Days: Saturdays, First Game Sept 8, times TBD

All volunteers are submitted for background check. Please be aware that the insurance that will be purchased through FYL is a secondary coverage. The Registration fee includes the uniform rental, use of poms and cheer props. All equipment is property of FYL and is to be returned at the end of the season. All unreturned equipment will be invoiced to the cheerleader's parent/legal guardian. Each Cheerleader will receive a cheer bow that is theirs to keep. Cheerleaders are responsible for acquiring their own all WHITE turtle neck or body suit, WHITE tennis/cheer shoes, and all BLACK Spankies. Contact Cheer Commissioner Krystal Davis 2606671156 with any questions or concerns.

**Parent's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**Alternate Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Cheerleader's DOB:** \_\_\_\_\_

**Siblings(grade and name):** \_\_\_\_\_

**Volunteer Opportunity:**      **Coach**      **Assist. Coach**      **Concessions**      **Chaperone**

## Medical Insurance Information

**Company:** \_\_\_\_\_

**Policy#:** \_\_\_\_\_

I/We hereby certify that as the parent/guardian of \_\_\_\_\_, give permission for the Fremont Youth League Staff to seek appropriate medical attention and for medical attention to be given to my child in the event of an accident, injury, or illness. I will be responsible for any cost of medical treatment, and release the Fremont Youth League, its directors, coaches, volunteers, Fremont Schools, staff, affiliates and volunteers of any liability.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_