Woolridge Athletic Association Cheerleading Registration

Athlete Information

First Name:		Preferred Name:		Sex: F M

Last Name:

Street Address:

City, Zip:

Date of Birth (mm/dd/yy):	Age as of September 30, 2019:

Grade in September 2019:	School Attending:

Squad (WAA to complete):	Flag (5-7)	Minor (8-9)	Junior (10-11)	Senior (12-14)

Parent/Guardian Information

Primary Contact	Secondary Contact
First Name:	First Name:
Last Name:	Last Name:
Relationship to Athlete:	Relationship to Athlete:
Mobile Number:	Mobile Number:
Email:	Email:

CONSENT: I/we, the parent(s)/guardian(s) of the above named participant, hereby give my/our approval to their participation in the cheerleading program of the *Woolridge Athletic Association* and agree to comply with the Articles, By-Laws and Rules of the Association and all organizations with which it becomes affiliated. I/we assume all risks and hazards incidental to such participation, including transportation to and from activities, and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the *Woolridge Athletic Association*, the *Chesterfield Cheerleading League*, the organizers, sponsors, supervisors, participants and persons transporting my/our youth to and from activities for any claim arising out of injury to my/our youth, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. I/we will also furnish a copy of a Certified Birth Certificate for the above named participant on or before the day of the first practice session.

Parent/Guardian Signature:	**Date:**

VOLUNTEER Positions (circle all that apply)		FOR WAA USE:		
Coach	Assistant Coach	Birth Certificate (new athletes):	Yes	No
Team Parent	Team Helper	Registration Fee Paid:	Yes	No
Homecoming	Team Spirit	Amount Paid (circle payment method used):		
Concessions		Check Number	Cash	Credit Card
Name & Cell:		Signature Present:	Yes	No