

LEE COUNTY PARKS & RECREATION

INDIVIDUAL SPORT REGISTRATION FORM

CHEER 2020

CHEERLEADER PROFILE

(Please fill this form out in its entirety to ensure that the information provided is accurate when given to the coach.)

NAME: _____

DATE OF BIRTH: _____

AGE: (As Of September 1, 2020) _____

MOTHER'S NAME: _____

CONTACT #: _____

FATHER'S NAME: _____

CONTACT #: _____

EMAIL ADDRESS: _____

COUNTY**: _____

MAILING ADDRESS: _____

(** Please read notice in bold below)

NAME OF SCHOOL STUDENT ATTENDS: _____

OF YEARS CHEERED: _____ INTERESTED IN COACHING? YES _____ NO _____ HEAD OR ASSIST? _____

TOP: PLEASE CIRCLE SIZE

SKIRT: PLEASE CIRCLE SIZE

YOUTH SZ YXS YS YM YL _____

YOUTH SZ YXS YS YM YL _____

ADULT SZ AS AM AL AXL _____

ADULT SZ AS AM AL AXL _____

NOTICE

****MUST RESIDE/LIVE IN LEE COUNTY (WITH PARENT OR LEGAL GUARDIAN) OR ATTEND
A LEE COUNTY SCHOOL FULL-TIME TO BE ELIGIBLE FOR ALLSTARS****

(EXCEPTIONS MAY APPLY - PLEASE SEE LCRD STAFF MEMBER FOR DETAILS)

DISCLAIMER

I/We the parents of the above named boy or girl, hereby give my/our approval for his/her participation in activities during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from activities. I/We do further hereby release, absolve, indemnify and hold harmless the Lee County Parks & Recreation Department, the organizers of my/our son or daughter's activity. I/We further agree to hold harmless and release Lee County Board of Commissioners, its employees, staff members, agents, contractors and anyone associated with any activities sponsored by my function from any and all liability arising from such activities. I/We further agree to hold harmless and indemnify Lee County Parks and Recreation from any and all demands, claims and suits arising from such activities, including all judgments, costs and expenses, including attorney fees. I/We hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our son or daughter to or from the activity. I/We hereby accept responsibility for any equipment issued to my son or daughter as to damage. Parents shall be responsible for the cost of the equipment not returned to the Recreation Department.

I/We, the parents of the above named child, hereby give my/our permission to the person in charge of the activity to take my/our son or daughter to the doctor or hospital in case of injury.

_____ I HAVE RECEIVED INFORMATION ON THE RISK OF CONCUSSIONS ASSOCIATED WITH PARTICIPATION IN YOUTH ATHLETICS.
(Please initial)

SIGNATURE: _____

DATE: _____

*****OFFICE USE ONLY*****

BC ON FILE/PROVIDED

DATE PD: _____

AMT: _____

CK# _____

CASH/MC/VISA/DISC