

Cheerleader Name \_\_\_\_\_

1. Please check one: I DO ( ) I DO NOT ( ) give permission to Liberty Jr. Cheer staff to use all pictures taken of my cheerleader at Liberty Jr. Cheer events for use in promotional items including website, fliers, posters etc...
2. Fundraising is required of everyone participating in Liberty Jr. Cheer not only for yourself but for our program to exist. If you do not have the desire to fundraise, we could use your help as a volunteer. Your time is really what we are needing. TEAM Together Everyone Achieves More! If you choose to do neither there is a \$25.00 opt out fee. This must be paid by July 29<sup>th</sup>

Here is an example of some jobs available, (the full list will be available in June at the welcome meeting

- Squad Parent for warm ups and game assistance (will need to arrive 1 hour prior to game to help the Coach warm up the team, help hold signs, take girls to the bathroom etc.)
  - Work Concessions
  - Work at uniform swap night
  - Assist with Team picture day (Checking hair, keeping girls clean etc.)
  - Gift Coordinator (help making gifts for visiting teams and coaches gifts at end of season)
3. How did you hear about Liberty Jr. Cheer (referral name)? \_\_\_\_\_

### Cheerleader Information

1. Cheerleader Date of Birth \_\_\_\_\_
2. Grade in fall 2011 \_\_\_\_\_
3. School in fall 2011 \_\_\_\_\_
4. Previous experience \_\_\_\_\_
5. Parent/Guardian \_\_\_\_\_
6. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
7. Email \_\_\_\_\_
8. Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_
9. Emergency Contact \_\_\_\_\_ (Phone) \_\_\_\_\_
10. Family Physician \_\_\_\_\_ Phone \_\_\_\_\_
11. Insurance Name \_\_\_\_\_ Policy # \_\_\_\_\_
12. Date of last Tetanus Booster \_\_\_\_/\_\_\_\_/\_\_\_\_

**Liberty Jr. Cheer**  
**2011 Registration / Medical Release Form**  
**Youth Cheerleading for 2<sup>nd</sup>-8<sup>th</sup> graders in the Liberty Attendance Area**

- All forms **MUST** be signed and complete before any gear will be issued.
- Please complete separate forms for each cheerleader.
- A doctor's physical is required to have on file every two years and can be obtained at

[www.libertyjrcheer.org](http://www.libertyjrcheer.org)

**Registrations Fees:**

- \$60.00 per Cheerleader if registered and balance is fully paid by June 9<sup>th</sup> 2011. After June 9<sup>th</sup> a \$25.00 late registrations fee applies to all unpaid balances. A \$25.00 service fee will be added for each returned check.
- Checks can be sent to Liberty Jr. Cheer, 21000 NW Quatama RD. #11 Beaverton, Oregon 97006.
- Credit Cards are excepted on our website with a 2.9% processing fee.

**Refund Policy:** If the child named in this document does not participate in Liberty Jr. Cheer Program and LJC Board is notified on or before June 12<sup>th</sup> 2011 any registration fees paid will be refunded, less a \$25.00 administrative fee. If Liberty Jr. Cheer Board is not notified by June 12<sup>th</sup> 2011 a refund will not be granted unless another cheerleader can use uniform/gear that was ordered previously.

**Parent/Guardian Contract and Emergency Medical Authorization:** I hereby give unconditional permission for my child to participate in any and all activities sponsored by or through Liberty Jr. Cheer, all conditioning, practices, games, parties, award ceremonies and other functions. With full understanding of this contract, I request that my child be permitted to take part in Liberty Jr. Cheer as a member of the program.

I will not hold its Board Members, Coaches, Agencies or their volunteers liable for injuries or medical care resulting there from and do hereby authorize and grant those persons permission to administer or obtain services that they should deem as proper response to any injury or emergency.

As the parent/legal guardian of cheerleader listed above, I request that in my absence the above-named cheerleader be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above-named minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named cheerleader. I understand that in an emergency, reasonable efforts will be made to notify me.

It is further agreed that all original documents required by Liberty Jr. Cheer be provided by July 29<sup>th</sup> 2011 before your child will be allowed to practice or gear issued.

Cheerleader Legal Full Name \_\_\_\_\_

#1 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#2 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

