



EFFA YOUTH CHEER PROGRAM REGISTRATION 2019

P.O. Box 633, Easthampton, ma 01027

Participant Name: _____ Years Cheerleading: _____

Address: _____ Town: _____

School: _____ Grade Entering: _____

Birth Date: _____ Home Phone _____

Guardian/Parent 1: _____

Same as above (fill below if different)

Address: _____ Town: _____

Cell: _____ Email: _____

Guardian/Parent 2: _____

Same as above (fill below if different)

Address: _____ Town: _____

Cell: _____ Email: _____

1st Emergency Contact: _____ Relationship: _____

Phone: _____

Medical Concerns: _____

Insurance Carrier _____

Policy Number _____

___ Early Registration up until 5/17/19: \$90, 2nd child \$70, Family Cap \$180

___ After 5/17/19, Reg. Registration: \$105, 2nd child \$85 and family cap \$210

Mandatory Items: ***Please add these items to your total*******

___ Black shorts: \$15 (If still fit from last year then no need)

___ GAME DAY BOW \$15

___ GAME DAY Pink Socks \$5 (If you have your pink socks from last year, no need to order and please wear them)

Total: _____

___ Credit Card: Last ending # _____ Confirmation # _____

___ Cash ___ Check # _____ Received by: _____

Please Circle One Payment Option - Make checks Payable to EFFA

In consideration of being allowed to participate in any way in the EFFA Youth Cheer Program, its related events and activities, my dependent

_____, I acknowledge, appreciate and agree that:

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, And while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,**
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES of others and assume full responsibility for my dependent's participation; and,**
- 3. I willingly agree to comply with the stated and customary terms and conditions for participants.**

If, however, I observe any unusual Significant hazard during my dependents presence of participating, I will remove my dependent from participating and bring such to the attention of the Company immediately; and,

- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE INDEMNIFY AND HOLD HARMLESS EASTHAMPTON FRIENDS OF FOOTBALL YOUTH CHEER PROGRAM their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and , if applicable, owners and leasers of premises used for the activity ("releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, the full extent permitted by law.**

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNATURE: _____

DATE: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the Parent or legal guardian of the above named participant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

SIGNATURE: _____

DATE: _____

GAME DAY Pink Socks-----MANDATORY-----\$5

If you have your pink socks from last year, no need to order and please wear them