



Galaxy Youth Cheerleading

an experience that is out of this world!

Participant Information

Name: _____ **Home Phone:** _____
Address: _____ **City:** _____ **State/Zip:** _____
Date of Birth: _____ **Grade:** _____ **School:** _____
Uniform: **Shirt Size:** youth adult small med large **Shorts:** youth adult xsmall small med large

Parent / Guardian Information

Mothers Name: _____ **Cell Phone:** _____
Work Phone: _____ **Email:** _____
Father Name: _____ **Cell Phone:** _____
Work Phone: _____ **Email:** _____
Volunteer: if you are interested in helping out please let us know
 Practice SetUp Team Parent Fundraising
 Practice CleanUp Coach Other: _____

Medical Information

Hospital Preference: _____ **Is your child covered by medical insurance:** ___ Yes ___ No
Family Doctor: _____ **Phone:** _____
Allergies: _____
Medical Conditions: _____

Emergency Contact

Name: _____ **Phone:** _____
Relationship: _____ **Cell Phone:** _____

Disclaimer and Assumption of Risk

Galaxy Youth Cheer, Inc., (Galaxy) is a non-profit youth recreation program. Galaxy is supported by registration fees, fundraising, program sales, sponsorships, and the generous donations of members of the community.

I, the undersigned parent/guardian, do hereby give permission for my child to participate in the cheerleading program sponsored by Galaxy Youth Cheer. I hereby acknowledge that by attending and participating in the cheer/dance event that there is a possibility of physical illness or serious/fatal injury to my child and I do hereby for myself and all others who might have a similar claim waive, release and forever discharge any and all rights and claims for injury, which may arise now or in the future against Galaxy Youth Cheer, its owners, operators, agents, coaches or representatives, for any and all damages which my child sustain or suffer while attending and participating in the event.

Declaration and Consent

In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).

I give my permission for my child, named above, to participate in the Galaxy Youth Cheer and understand that registration fees may not be refundable. I declare that to the best of my knowledge and belief that my child is in apparent good health and physical condition to engage in the Galaxy Youth Cheer team activities. Galaxy also has my permission to publish my childs pictures in newspapers or on websites.

Parent/Guardian Signature: _____ **Date:** _____

Galaxy Use Only

Age Group: Pink Yellow Blue Purple Green Amount Due \$ _____ Amount Paid \$ _____ Check # _____ / Cash
 Received: Birth Certificate Medical/Form Ethics Form