

# VILLA RICA PARKS & RECREATION DEPARTMENT CHEERLEADING REGISTRATION FORM

Child's Name	<input style="width: 100%;" type="text"/>	Male Female
Address	<input style="width: 100%;" type="text"/>	City <input style="width: 100%;" type="text"/>
Zip Code	Phone <input style="width: 100%;" type="text"/>	Birth Date <input style="width: 100%;" type="text"/> Age <input style="width: 100%;" type="text"/>

Do you live inside the city limits of Villa Rica?    Yes    No

Please provide additional phone number(s) in the event that you can't be reached at your home phone number.

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E-mail address: _____	School _____	Grade _____
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Any Physical Problems We Should Know About? \_\_\_\_\_

UNIFORM SIZE											EXTRA ITEMS	
SKIRT	YXXS	YXS	YS	YM	YL	YXL	Y2XL	Y3XL	Y4XL			HAIRBOW \$6.75
TOP	YXXS	YXS	YS	YM	YL	YXL	Y2XL	Y3XL	Y4XL			BLOOMERS \$8.00
BLOOMERS	YXXS	YXS	YS	YM	YL	YXL	AS	AM	AL	AXL	AXXL	SOCKS \$5.50

### PARENT GUARDIAN INFORMATION

MOTHER'S NAME	WORK PHONE
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FATHER'S NAME	WORK PHONE
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### EMERGENCY INFORMATION

Contact Person _____	Phone Number _____
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#### POLICIES AND DISCLAIMER:

Recreation activities are strenuous and can place unusual stress on the body and its organs. For this reason, it is highly recommended that the participant receive a complete physical examination by a qualified physician prior to the activity. I fully understand that Villa Rica Parks & Recreation Department staff members are not physicians or medical practitioners of any kind. I hereby release VRPRD staff to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by VRPRD staff to call a doctor and to seek medical help, including transportation by a VRPRD staff member or it's representatives, whether paid or volunteer, to the health care facility or hospital of my preference, or the calling of an ambulance for said child should the VRPRD staff deem this to be necessary. I recognize that my child may suffer injuries, possibly minor, serious or catastrophic in nature and recreational sports can be dangerous and lead to injury. I agree to indemnify, protect and hold harmless VRPRD; it's officials, employees, agents, and servants from any and all claims demands, actions, suits damages, loss and expenses of whatever kind or nature to any person or to any property arising out of or in conjunction with this activity. I, the undersigned, hereby understand that insurance, which would cover my child in the event of injury in any activity sponsored by VRPRD, is my responsibility. I also understand that VRPRD strongly recommends that if I do not have sufficient insurance to cover such incidents, that I take necessary action to obtain it. I hereby give the staff of VRPRD permission to obtain a copy of my child(ren) birth certificate from any school in the Carroll County School System.

I understand that VRPRD does not give refunds unless an activity does not meet required minium numbers.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Birth Certificate on file: Yes \_\_\_ No \_\_\_      Receipt # \_\_\_\_\_      Staff initials \_\_\_\_\_