

BRUNSWICK COUNTY



CHEERLEADING

JUNIOR CHEER SQUADS



AGES: 6-9 YEARS OLD

MUST BE 6 ON OR BEFORE JULY 31, 2015

REGISTRATION FEE: \$50.00

REGISTRATION FEE DOES NOT APPLY TO INDIVIDUAL TEAM ACCESSORIES

*****COPY OF BIRTH CERTIFICATE, PAYMENT & COMPLETED REGISTRATION FORM TO BE ELIGIBLE.*****

JUNIOR CHEER SQUADS CONSIST OF UP TO 20 CHEERLEADERS PER TEAM



SENIOR CHEER SQUADS

AGES: 10-13 YEARS OLD

CANNOT TURN 14 BEFORE JULY 31, 2015

REGISTRATION FEE: \$50.00

REGISTRATION FEE DOES NOT APPLY TO INDIVIDUAL TEAM ACCESSORIES

*****COPY OF BIRTH CERTIFICATE, PAYMENT & COMPLETED REGISTRATION FORM TO BE ELIGIBLE.*****

SENIOR CHEER SQUADS CONSIST OF UP TO 25 CHEERLEADERS PER TEAM

DEADLINE FOR REGISTRATION IS JULY 31, 2015

*****LIMITED SPACE*****

EARLY REGISTRATION RECOMMENDED.

REGISTRATIONS MUST BE DONE IN BOLIVIA / ONLINE or MAILED IN BY JULY 31, 2015



MAIL ENTRY FEE & REGISTRATION TO:

BRUNSWICK COUNTY PARKS & RECREATION
C/O TANYA MCGEE
P.O. BOX 249
BOLIVIA, NORTH CAROLINA 28422
PHONE: 910.253.2670
FAX: 910.253.2684
EMAIL: tanya.mcgee@brunswickcountync.gov



2015 BRUNSWICK COUNTY YOUTH **CHEERLEADING** REGISTRATION

(FORM MUST BE FILLED OUT COMPLETELY WITH BIRTH CERTIFICATE & FEE PAID TO BE ELIGIBLE)

PLEASE PRINT NEATLY OR TYPE & FILL OUT COMPLETELY

PARTICIPANT: _____
(FIRST) (MIDDLE) (LAST)

MAILING ADDRESS: _____
(P.O. BOX or STREET) (CITY) (ZIP)

PHYSICAL ADDRESS: _____
(P.O. BOX or STREET) (CITY) (ZIP)

HOME PHONE: (910) - EMERGENCY: (910) -

MOM CELL: (910) - DAD CELL: (910) -

EMAIL: _____ @ _____

BIRTHDATE: ____ / ____ / ____ AGE AS OF JULY 31ST: _____

*****TOP SIZE: CHEER UNIFORM*****

YTH. SM. YTH. MED. YTH. LG. AD. SM. AD. MED. AD. LG. AD. XL AD. XXL AD. XXXL

*****SKIRT SIZE: CHEER UNIFORM*****

YTH. SM. YTH. MED. YTH. LG. AD. SM. AD. MED. AD. LG. AD. XL AD. XXL AD. XXXL

PREVIOUS TEAM (IF ANY) _____ SCHOOL: _____

ANY PHYSICAL LIMITATIONS: _____

If interested in coaching Cheerleading OR BEING A Team Mom please indicate? YES NO

PARENTAL CONSENT: PLEASE READ & SIGN: APPLICATION MUST BE SIGNED BY AT LEAST ONE PARENT/GUARDIAN FOR PARTICIPANT TO BE ELIGIBLE. BY SIGNING THIS REGISTRATION, YOU ARE STATING THAT YOU UNDERSTAND AND AGREE TO FOLLOW THE TERMS AND CONDITIONS BELOW.

I/WE, the Parents/Guardians of the above named candidate for a position on any of the BFL Youth Cheer teams, hereby give MY/OUR approval to his/her participation in any and all BFL Youth Cheer activities during the current season. I/WE assume all risks and hazards incidental to such participation including transportation to and from such activities, and I/WE do hereby waive release, absolve, indemnity and agree to hold harmless the Brunswick County Parks & Recreation, BFL Youth Cheer League and its Associations, the sponsors, supervisors, participants, volunteers and persons transporting MY/OUR child to and from activities for any claim arising out of illness, injury, accidental death or damage to personal property sustained in the above activity to MY/OUR child. I/WE and participant agree to abide by the BFL Rules of Conduct.

YOUR CHILD **MUST** CHEER FOR THE TEAM IN THE DISTRICT IN WHICH YOUR PHYSICAL ADDRESS FALLS. IF THERE IS NOT A TEAM FROM THAT DISTRICT, HE/SHE WILL BE ABLE TO PLAY FOR THE TEAM IN THE NEXT CLOSEST DISTRICT. **RETURNING PLAYERS ARE ASSIGNED TO THE TEAM PLAYED FOR UNLESS THEY REGISTER AFTER DEADLINE AND THEN THEY MAY BE PUT ON A WAITING LIST.**

AS A PARENT OR GUARDIAN, I ASSUME ALL RESPONSIBILITY FOR ANY UNIFORM / EQUIPMENT THE ABOVE PARTICIPANT RECEIVES FOR THIS PROGRAM. **NO ALTERATIONS TO ANY UNIFORM OR EQUIPMENT ARE ALLOWED. UNIFORM / EQUIPMENT MUST BE RETURNED BY THE LAST GAME OR EVENT OF THIS PROGRAM OR I WILL PAY FOR THE UNIFORM / EQUIPMENT.**

PARENTAL MEDICAL TREATMENT AUTHORIZATION: In the event of injury to MY/OUR child, I/WE hereby grant authority to a qualified paramedic/physician to render such medical treatment as said paramedic/physician deems necessary under the circumstances. (BRUNSWICK COUNTY E.M.S. IS PRESENT FOR GAMES)

PICTURE CONSENT FOR FILM / WEBSITE / ADVERTISEMENTS: I/WE give permission to have my child's picture on the BCP&R/league web site, program advertisements, video for purposes of televising games and any other medium used strictly to promote the BFL.

PLEASE MAIL COMPLETED FORM TO: BCP&R ~ ATTN: TANYA MCGEE ~ P.O. BOX 249 ~ BOLIVIA, NC 28422
FAX: (910) 253-2684 (REGISTRATIONS MUST BE COMPLETED & SIGNED/FEE PAID/& A COPY OF PARTICIPANTS BIRTH CERTIFICATE RECEIVED BEFORE ANY PARTICIPATION CAN BEGIN.) **I/WE have read the above and agree and understand the policies set forth above**

LOCATION INFORMATION:

PREVIOUS TEAM CHEERED FOR: Leland Panthers Town Creek Bulldogs Southport-Oak Island Cougars
Lockwood Folly Chiefs Shallotte Pirates Shallotte Bucs

Have You Moved? Yes No Where: _____ Do You Want To Cheer In New Location Where You Moved? Yes No
Comments: _____

MOM/GUARDIAN _____

DAD/GUARDIAN _____

DATE: _____

DATE: _____