

# GSMMAA/SPARTAN Youth Cheerleading



*Good Sportsmanship is Everyone's Responsibility...Be a Good Sport*

REGISTRATION FEE: \$35.00 (make checks payable to G.S.M.A.A)

Name \_\_\_\_\_

Age \_\_\_\_\_

Please circle: Grade 2 3 4 5 6 7 8

DOB \_\_\_\_\_

Have you cheered before? Yes No Where? \_\_\_\_\_

Name of siblings who cheer: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent email \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

We are looking for parent participation in the following areas, please check your interests:

\_\_\_\_\_ Coaching      \_\_\_\_\_ Coach helper      \_\_\_\_\_ Team mom      \_\_\_\_\_ Snacks

\_\_\_\_\_ Crafts/sign making      \_\_\_\_\_ Fundraising committee      \_\_\_\_\_ Concession      \_\_\_\_\_ Other

## MEDICAL:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or Medical conditions \_\_\_\_\_

I, the parent or guardian, have indicated by my signature that I consent to have my child participate in the activity for which I have registered him/her for. I understand that neither G.S.M.A.A, nor any individual associated with the playing of the game shall be liable in any way for any injury suffered by my child. I agree that all equipment issued by my child is the property of G.S.M.A.A and I am responsible for returning it. ALL REGISTRATION FEES ARE NON-REFUNDABLE!

Parent/Guardian's signature

\_\_\_\_\_

**Completed forms should be returned to: Tricia Willard, 102 Bridle Path, New Holland PA 17557**