Cheerleading Registration Form

****** Birth Certificate (Copy) is required to register for new cheerleaders******

	Cheerleaders	Age	Grade	Price
☐	Mini	Age 6-7	1-2	165.00
☐	Blue	Age 8-9	3-4	165.00
☐	Gold	Age 10-11	5-6	165.00
☐	White	Age 12-13	7-9	165.00

Please check the appropriate box above

MINI - Ages 6 & 7 – Based on participants age on 7/31 of current year (Instructional league)

BLUE - Ages 8 & 9 – Based on participants age on 7/31 of current year

GOLD - Ages 10 & 11 – Based on participants age on 7/31 of current year

WHITE - Ages 12 & 13 – Based on participants age on 7/31 of current year

***For Board Use Only ***	
Date	
Registration #	
Registration **$165.00**	
Parent Obligation Opt Out Fee **$25.00**	
Additional:	
Total	

*****PARENT OBLIGATION OPT OUT FEE – IN THE PAST GI JV HAS REQUIRED A PARENT TO WORK ONE SHIFT PER SEASON IN THE SNACK STAND OR OTHER VOLUNTEER ACTIVITY DURING GAMES OR CHEER EVENTS. THIS YEAR PARENTS WILL HAVE THE OPTION OF PAYING A ONE TIME FEE OF $25.00 AT REGISTRATION TO OPT OUT OF THIS OBLIGATION. FEE WILL INCREASE TO $50.00 AS OF THE 1ST PRESEASON BOWL GAME.**

(If you do not choose to OPT OUT you will be assigned a duty and a time to fulfill your parental obligation)

Please Print Clearly (Form will be used for 3 Year Jacket, Banquet Program, and Trophies)

Last Name First Name M/I

Street Address City State Zip Code

Date of Birth* Parent or Guardians Name (first and last name)

Phone Number E-Mail Address

Medical Release for Treatment in Case of Emergency

I grant my permission to Grand Island Jr. Viking Football, Inc. to authorize and obtain medical help from a licensed physician, hospital, or medical clinic should my child become ill or injured when I am not available to give authorization for treatment.

Family Physician: _____ Address: _____ Telephone: _____-_____

Allergies: _____ Medical Conditions: _____ Date of last Tetanus Shot: _____

_____ _____ _____

_____ _____ _____

Medical Insurance Policy Number: _____

Medical Insurance Policy Provider: _____

We (I) the parent(s) of the above named player hereby give our (my) child approval to participate in any and all activities sponsored by Grand Island Jr. Vikings Football, Inc. I certify the above named is in good physical and mental health, and that no Physician has advised against participating during this current season.

We (I) assume all risks and hazards incidental to such participation and we (I) hereby waive, release, absolve and agree to indemnify and hold harmless Grand Island Jr. Vikings Football, Inc. and all individuals associated with or aiding it in any manner from and for any claims arising from any such activities, including transportation to and from practice and games, except to the extent and in the amount covered by and medical, accident, and/or liability insurance maintained by or for Grand Island Jr. Vikings Football, Inc.

I understand that my registration fee is not refundable after _____. (Refund will be less any equipment purchases league has already made for player, this includes Jersey Purchase) Please retain your copy of this form and submit to the head coach to receive your refund.

_____ _____

Parent/Guardian Signature **Date**