

GNFMA Cheerleader Registration Form - 2021 Season

Cheerleading Association/Organization: _____

First Name: _____ Last Name: _____ N: _____ R: _____

Address or P.O. Box: _____ Telephone No.: _____ - _____ - _____

City or Town: _____ ST: _____ Zip Code: _____

Date of Birth: Month: _____ Day: _____ Year: _____ Age: _____

School District: _____ School: _____ Grade: _____

Birth Certificate: _____ Physical Examination: _____ Parent Authorization: _____

Insurance Carrier: _____

Parent or Guardian: Name: _____ Telephone: _____ - _____ - _____

Squad: 1-Smurf: _____ 2-Peewee: _____ 3-Pony: _____ 4-Midget: _____

E-Mail Contact: Name: _____

E-Mail address: _____

Parent or Guardian Authorization

Cheerleading is an athletic activity which involves contact between participants. While every precaution is taken to avoid injury, the risk of injury is always present. Additionally, every effort is made to ensure all coaches within our league are well trained and are permitted to work with children. The above named athlete has my permission to cheer and to participate in all practice sessions and games for the 2021 season. By signing this form, I waive any and all causes of action which may arise in connection with or incidental to the athlete's participation in this sport. I further waive any and all claims against the CFA and its officers for any unforeseeable event or for injury that may occur and recognize that if any of the above listed information is false, the athlete will immediately be disqualified from participating in the GNFMA Cheer Program.

Authorization for Medical Care

I authorize any league and/or team official to act for me in my absence to use his/her best judgment in the event of a medical emergency requiring medical attention. I hereby waive my right to bring any claim against such individual in the exercise of such judgment. I recognize that insurance coverage for injuries received during the 2021 season is the responsibility of the parent or guardian's insurance policy.

Parent or Guardian Signature: _____ Date: _____

Physician's Affidavit:

The child listed above has been examined by me and I have found him/her physically fit to play football.

Doctor's Signature: _____ Date: _____