



**Richmond Parks & Recreation**  
**2010 Girl's Cheerleader League**

*-Practice begins end of November-Games begin in January-*

Our goal will be to teach the cheerleaders teamwork, team spirit, sportsmanship and to provide a fun experience for the girls as they cheer for Recreation Basketball teams.

**REGISTRATION DEADLINE – NOVEMBER 12, 2009**

**Ages:**           **Grades K - 7**

**Entry Fee:**           **1 child \$40.00      2 children \$70.00      3 children \$105.00**

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Child's age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Shirt size** \_\_\_\_\_ **Shorts size** \_\_\_\_\_

**Parent (s)/ Guardian (s) Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**List below health concerns of registrant the Recreation Department/coach should be aware of:**  
 \_\_\_\_\_  
 \_\_\_\_\_

I am interested in helping as: **Cheer Coach** \_\_\_\_\_ **Coach shirt size** \_\_\_\_\_  
 Name

I/We give permission for pictures to be taken of my/our child by newspaper during practices or games. YES \_\_\_\_\_ NO \_\_\_\_\_

I/We, the parents/ guardians of the above named candidate for a position on a Recreation team, hereby give my/our approval to participate in any and all recreation activities, including transportation to and from the activities. I/We know that participation in sports may result in serious injuries and protective equipment does not prevent all injuries to players, and to hereby waive, release, absolve, indemnify and agree to hold harmless the Richmond Parks & Recreation Department, City of Richmond, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good of condition as when received it, except for normal wear and tear. I/We have read and fully understand the above program details and waive and release all claims.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Richmond Parks & Recreation Department does not limit participation on the basis of disability, race, color, creed, national origin, gender or religious preference.

**PROGRAM POLICIES:** The Richmond Recreation Department reserves the right to cancel, combine or divide classes or programs; to change the time, date, fee or place of meeting or to make necessary revisions in any program when necessary.

*Please return to the City Collector's Office, 205 Summit, Richmond, MO 64085. Make checks payable to: **City Of Richmond***

*Office Use Only*

**Amount paid \$** \_\_\_\_\_ **Date Rec'd** \_\_\_\_\_ **By** \_\_\_\_\_

**NO REFUNDS EXCEPT FOR DOCTOR'S NOTE SHOWING INABILITY TO PARTICIPATE.**