

Streetsboro Jr. Rockets
Cheerleading Registration

Participants Last Name _____ First _____
School Grade in August _____ School attending in August _____
Birth Date ____ - ____ - _____ Age Before May 1 ____

Child Lives With: Both ___ Mother ___ Father ___
Mothers full Name _____
Address _____
Home Phone ____ - ____ - _____ Cell Phone ____ - ____ - _____
Email Address _____

Fathers full Name _____
Address _____
Home Phone ____ - ____ - _____ Cell Phone ____ - ____ - _____
Email Address _____

Have you cheered before? Yes ___ No ___
Where? _____
How many years have you participated with the Jr. Rockets only? (Do not include time cheered with other organizations) _____

Do parents carry Hospitalization? Yes _____ No _____
Insurance Company's name _____
Policy Holder's name _____
Policy # _____ Group# _____
Other Pertinent Informational Names/Numbers _____

I received the player packet, which includes start of the season requirements, important dates, code of conduct, and player physical information. Parent or Guardian initial: _____

Waiver Form:

Parental Consent for Participation: I hereby give my permission for my child to participate in the Streetsboro Junior Rockets youth cheerleading program. I understand that she will be expected to abide by ALL of the rules of the program. I personally assume all risks, hazards and responsibilities incidental to my child's participation in the program. I further agree to that I will not hold any officer, manager, coach or volunteer responsible for injuries or other accidents experienced by my child while participating in the cheerleading program (this includes incidents that occur while traveling to and from, or being transported to the activities).

Participants Signature _____ Date _____
Parents or Guardians Signature _____ Date _____

Volunteering Options (check which one you are interested in):

Concessions stand _____ Team Mom _____ Coach _____