STRASBURG YOUTH CHEERLEADING CAMP REGISTRATION FORM

Age: Upcoming Grade:	Birth date:/
Childs name:	
Address:	
Mother's Home Phone:	Father's Home phone:
Mother's Cell:	Father's Cell:
E-MAIL:	
Emergency Contact Name:	Phone:
Emergency contact: Name:	Phone:
Any medical conditions yes or no	if yes please lists
Tee shirt size	
events such items including but not limit However, due to the safety of the childre may publish, download on the internet ar	publish pictures of my child at League-sponsored ed to programs, advertisements, and league websites. n within the League, no other individual and/or business ad/or print pictures for publication of said youth in the ent and/or Strasburg Youth Cheerleading League.
Parent's Signature:	DATE:

Registration Fee: \$40

MINOR WAIVER/RELEASE Release of liability for minor participants Read before signing

In consideration of	, my child/ward, being		
	SHENANDOAH VALLEY YOUTH FOOTBALL		
LEAGUE related events and activities, the that:	ne undersigned acknowledges, appreciates, and agrees		
mat.			
	ctivities involved in these programs is significant, including the while particular rules, equipment, and personal discipline may ist; and,		
	RD, I KNOWINGLY AND FREELY ASSUME ALL SUCH ISING FROM THE NEGLIGENCE OF THE RELEASEES or ds/ward's participation; and,		
observe any unusual significant concern in my Ch	s stated and customary terms and conditions for participation. If I nilds/ward's readiness for participation and/or in the program itself, on and bring such attention to the nearest official immediately; and,		
4. I for myself, my spouse, my child/ward, and on behalf of my/ours heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE SHENANDOAH VALLEY YOUTH FOOTBALL LEAGUE; its directors, officers, agents, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (releasees), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or lose or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.			
next of kin, HEREBY INDEMNIFY AND HOLI	on behalf of my/our heirs, assigns, personal representatives, and D HARMLESS all of the above releasees from any and all t or participation in these programs, EVEN IF ARISING FROM itted by law.		
UNDERSTAND ITS TERMS, UNDERSTAND	Y AND ASSUMPTION OF RISK MANAGEMENT, FULLY ITHAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY LUNTARILY WITHOUT ANY INDUCEMENT.		
(Parent/guardian signature)	(Print name)		
Date Signed:			
UNDERSTANDING OR RISK	in participating in this program, my personal responsibilities for as a participant.		
(Participant signature)	(Print name)		

Date signed:	
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