

2010 SYA CHEERLEADING REGISTRATION FORM

REGISTRATION COST: \$50 (plus participating in Fund Raisers).

There will be an option of a fundraiser buyout.

PLAYER INFORMATION

Players First Name: _____ Players Last Name: _____

Parent(s) / Guardians Name: _____ Phone #: _____

Address: _____ Email: _____

If you played this sport last year, enter the squad. Otherwise enter NEW: _____ Date of Birth: _____

Grade attending in fall _____ what school _____ current age _____

Child's T-Shirt Size circle one YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL

HOLD HARMLESS, WAIVER AND INDEMNITY AGREEMENT

I/We, the parent(s)/guardian(s) of the above child, hereby give my/our approval to child's participation in any and all activities of the Salisbury Youth Association.

In doing so, I/we assume all risks and hazards incidental to such participation, including transportation to and from such activities, and so hereby waive, release, and absolve, indemnify and agree to hold harmless the Salisbury Youth Association, its Directors and staff, organizers, supervisors, and sponsors, other participants and persons transporting my/our child to or from SYA activities, from any claim of relating in any way to my child's participation in SYA activities, including any accident or injury resulting from any negligence of the SYA, its staff, coaches, volunteers or participants. I/We assume full responsibility for any expense which may be incurred as a result of accidental bodily injury occurred through participation in any and all such activities of the Salisbury Youth Association.

Signature of Parent(s) / Guardian(s) of Participant: _____ Date: _____

_____ (Print)

INSURANCE INFORMATION AND EMERGENCY PERMISSION

Name of Medical/Hospitalization Insurance Company and Insurance group numbers:

INSURANCE NAME: _____ GROUP NUMBER: _____ ID NUMBER: _____

In case of injury or emergency, do we have your permission to take your child, at our discretion, to a doctor or hospital? Please indicate "Yes" or "No": _____ (IMPORTANT: If NO, a parent/guardian MUST be present at all events, including practices, for his child to participate.)

Whether or not you have insurance, your signature indicates that you understand you are responsible for all expenses related to any injury to your child.

I have read, understand and agree to all terms and conditions.

Signature of Parent(s) / Guardian(s) of Participant: _____ Date: _____

SYA PARENT PARTICIPATION INFORMATION

When you register your children to participate in one of our sports you automatically become a member of this Association. **All members are obligated to fulfill a minimum of SIX HOURS volunteer service to the program for which you are registering.**

UNIFORMS - When uniforms are issued, parents must leave a \$20 check for each child in the program. The \$20 deposit will be held for security against the return of the uniform. The complete uniform must be cleaned and returned **on time**, at which point your \$50 deposit will be refunded. All uniforms and equipment are the property of the Salisbury Youth Association and must be returned promptly at the end of the season, at the date and time specified by the Association. Along with the deposit you will be responsible to purchase a few items for your child's uniform.

CONCESSION STAND – A \$50.00 deposit will be held until you fulfill your concession stand duties. If you elect not to work the concession stand your deposit will not be returned to you and will be cashed by SYA. **We need parent participation in the stand to have a successful season.** You will be given a day to work the concession stand by the director.

FUNDRAISING – All players are **REQUIRED** to participate in fund raising efforts to help offset operating costs. **If the fundraisers (or buy outs) are not done, your child will not be eligible to play. Each family must fulfill its financial obligation to SYA.**

These conditions and rules are not intended to make things difficult, but to aid the SYA and the program director in seeing that everyone does his/her fair share so we can have a successful season.

If payment of any check is refused, your child will not be allowed to participate until full cash payment is received. Thank you in advance for your understanding and cooperation.

I have read the above paragraphs along with the Code of Conduct and fully understand and agree with them.

Signature of Parent/Guardian of Player: _____ **Date:** _____

PLEASE CHECK THE AREAS THAT YOU ARE INTERESTED IN HELPING WITH:

- _____ **Coach:** In charge of the squad, assists with all pre / post season activities.
- _____ **Team Parent:** Assists squad coach with parent communications, events, uniforms, etc.
- _____ **Fundraiser Committee** Assists the squads with distribution of items and paper work.
- _____ **Homecoming Comm.** Assists in the preparation of Homecoming events.
- _____ **Team Mom** Assists the coaches at practice and games and with uniform distribution.
- _____ **Banquet/Awards Comm.** Assists with end of year banquet/awards ceremony.

COMMENTS:
