



Lutherville Timonium Recreation Council Cheerleading Registration Form



Cheerleader's Name: _____
(Please Print Clearly) (First Name) (MI) (Last Name):

Address: _____
(Please Print Clearly) (Street Address) (City) (Zip)

Home Phone: _____

Email Address: _____
(To be used for LTRC News and Game Updates/Delays/Cancellation Info)

Cheerleader Date of Birth: _____

Cheerleader's School and Grade as of the Sept. 2010 _____

Has your daughter cheered for LTRC? (circle one) Yes No
If yes, how many years? _____

Has your child cheered anywhere else? (circle one) Yes No
If yes, where did she cheer and for how long? _____

Parent/Guardian Information:

Father's Name: _____
Father's Home Phone: _____
Work # _____ **Cell #** _____

Mother's Name: _____
Mother's Home Phone: _____
Work # _____ **Cell #** _____

Person Other Than Above To Notify In Case Of Emergency:

Name: _____
Phone: _____
Relationship: _____

In Case Of Emergency, I Hereby Give My Permission For A Coach, Commissioner Or Program Representative Call 911 And Have My Child Transported To A Hospital.

Signature of Parent/Guardian: _____

Printed Name Parent/Guardian: _____

Please list any other siblings participating in the LTRC Cheerleading Program:

FOR THE PROTECTION OF THE PARTICIPANT:

We Cannot Assist The Above Participant Appropriately, Safely, And/Or Fairly If The Following Section Is Not Completed Properly And Completely:

- 1. Is there any medical condition, health factor, physical limitation and/or learning disability that may affect your child's performance or behavior in this activity? (circle one) **Yes No**
- 2. If yes, please state/describe: _____
- 3. Is your child taking any medications? (circle one) **Yes No**
- 4. If yes, please state medication name and dosage: _____
- 5. Can this medication affect his/her safety in this activity? (circle one) **Yes No**
- 6. Does the participant require any special accommodations? (circle one) **Yes No**
- 7. If yes, please state the nature/type of the accommodation? _____
- 8. Is there anything else that should be known which may affect their safety or performance in this activity? _____

9. I hereby state that my child is in good health and able to participate in this program. I agree that I will not hold Lutherville Timonium Recreation Council, the organizers, sponsors, commissioner, coaches, trainers, supervisors, volunteer leaders or participants or any other similar Recreation and Park Council representatives, members or participants responsible for injuries or unforeseen accidents to this participant during any activities relating to this activity. I will agree to inform the Lutherville Timonium Recreation Council Cheerleading Commissioner or Coaches of any medial or health factors which may develop or occur that could affect this participant.

Signature of Parent/Guardian _____
Printed Name Parent/Guardian: _____

Registration:

Check #: _____ Cash: _____ Date: _____

Please note that this participant will not be issued a uniform until this registration has been paid in full. If the registration has been paid by check, the check must clear our bank before this uniform can be issued. If a check is returned there will be a \$25 fee assessed by this program.

All uniforms issued are for use during the season and must be returned in the condition in which they were issued. If a uniform is returned and deemed damaged then a replacement cost for a new uniform of \$150 will be assessed.

