



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF HANNIBAL YOUTH FALL CHEERLEADING 2018 REGISTRATION FORM

Who: Grades: K-6th Grade
Where: All games are played at the YMCA of Hannibal fields
When: Season runs September 8th-October 13th
Registration and Fees: Early Bird: July 9th-July 22nd Members \$30 Non members \$48
Normal Registration July 23rd-August 12th Members \$35 Non members \$54
 Late fee (After August 12th) \$5 **(Financial Assistance is available)**
Coaches Meeting: Tuesday, August 28th @ 6pm at the YMCA of Hannibal

(Placement on team after registration period is dependent on space available only)
 Please remit to YMCA of Hannibal (Do not return to school)

Practices will be held at the YMCA starting TBA. Kids will be cheering at Saturday Flag Football games at the YMCA Sports Fields. T-shirts and Pom Poms will be provided.



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Name: _____ Sex: M F Birthday: ____/____/____
 Address: _____ City/State/Zip _____
 Phone: _____ E-mail _____ Height _____ Weight _____
 School _____ Grade _____ Age _____ T-Shirt YS YM YL AS AM AL AXL
 Special Health Needs/Requests _____ Number of Years Experience _____
 Parent(s) Name(s) _____ Work Phone _____
 Guardian(s) Name(s) _____ Work Phone _____
 Emergency Contact _____ Relation _____ Phone _____

Agreement

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parents and the emergency contact cannot be reached. I support the YMCA Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, team work, fair play, family involvement, and volunteer leadership.

I AM WILLING TO PARTICIPATE AS A VOLUNTEER IN SUPPORT OF THE PROGRAM: (PLEASE CIRCLE ONE OR MORE.)

COACH ASSISTANT COACH OFFICIAL OTHER: _____

Signature of parent or guardian _____ Date _____

FOR OFFICE USE ONLY

Date _____ Amount Paid _____ Check # _____ Cash _____ Staff _____
 Put in Daxko _____