



Inglemoor Junior Cheer

IJC
P.O. Box 82754
Kenmore, WA 98028

(425) 481-2526

www.inglemoorjuniorcheer.com

Date: _____	Registration Paid: \$ _____
Age: _____ Grade: _____	Check #: _____
New: _____	Cash: _____
Returning: _____	Charge: _____
Safety Training: _____	Photo Release: _____
Team: _____	IJC Representative: _____

This section to be filled out by an IJC representative only

Cheerleader Information

Name: _____ Home Phone: _____
First Last Nickname (if any)

Address: _____
Street City Zip

Birth date: _____ School: _____ Email: _____

Cheerleader lives with: Mother Father Both Guardian * Do you check e-mail Daily or Other

Grade Level (entering in September, 2010): 3rd 4th 5th 6th 7th 8th 9th 10th

Does cheerleader participate in any other fall sports? Yes No If Yes, what sport _____

Do you live within the IHS service/boundary area? Yes No

Parent Information

Mother's Name: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____ Work Phone: _____ Cell Phone: _____

Step Parent Name: _____ Work Phone: _____ Cell Phone: _____

Parent Email: _____

Inglemoor Junior Cheer depends on your help to successfully run its program. Please indicate how you can participate this season: Corporate Sponsorship IJC Board member (We meet 1X month)

Team Parent Fundraising Committee Year End Party Committee Coaching/Experience: _____

I/we, the parents/guardians of the above-named person, who is a candidate for a position on an Inglemoor Junior Cheer squad, hereby give my/our approval participation in any and all of the activities of Inglemoor Junior Cheer during the current season. I/we assume all risks and hazards incidental to the conduct of the activities provided by the Inglemoor Junior cheer program, and for all risks and hazards of transportation to and from these activities.

I/we, the parents of the above-named person, who is a candidate for a position on an Inglemoor Junior Cheer squad, hereby give my/our approval for a duly appointed member of Inglemoor Junior Cheer to seek or administer emergency First Aid or medical attention required for the safety or well-being of my/our child while participating in any and all of the activities of the Inglemoor Junior Cheer program during the current season. I/we do hereby release, absolve, indemnify, and hold harmless Inglemoor Junior Cheer, its organizers, sponsors, and staff, as well as the attending physician, hospital or medical group involved in the emergency medical attention or First Aid of my/our child. I further understand that Inglemoor Junior Cheer does not provide primary accident insurance.

In case of emergency, if my family physician cannot be reached, I hereby authorize the above-named person to be treated by a physician who is available at the nearest medical facility.

I/we, the parents/guardians of the above-named person, understand that refunds of the registration fee and uniform deposit for the 2010-2011 Season will be considered only until the day of uniform fitting.

EMERGENCY CONTACT: _____ Phone: _____

FAMILY PHYSICIAN: _____ Phone: _____ Insurance provider: _____

Allergies: _____ Tetanus Current: Yes No Other Medical Conditions: _____

Release to participate in lifts and pyramids: Yes No Release to carpool w/ coach /IJC affiliated adult Yes No

IJC Registration Fee \$ _____ Cheer Camp Fee \$ _____ Cheer Camp Dates _____

Mandatory Fitting Date with a Parent Present: ____/____/____ ** Full Uniform Payment of cash/credit card is due at Fitting

Signed: _____ Print Name: _____ Date: _____