

FUTURE CHEERLEADERS REGISTRATION FORM

Child's Name: _____

AGE _____

Parent's Names: _____

Phone Number(s): _____

Phone Number(s) _____

PAYMENT TYPE: (Make checks payable to TCHS Football Cheerleaders)
_____ Check for \$35 _____ cash for \$35

T-shirt size: (check one)

Youth small (6-8) _____ Adult Small _____

Youth Medium (10-12) _____ Adult Medium _____

Youth Large (14-16) _____ Adult Large _____

I/We authorize emergency medical treatment by any licensed emergency or medical person of facility and permit school personnel to seek medical treatment should parent/guardian not be available. The undersigned also hereby releases and agrees to hold harmless and indemnify the Tift County Board of Education and any employee of the board from any liability whatsoever occasioned by the administration or nonadministration of any medical treatment during school hours or at any school related events/functions in accordance with the above information and instructions.

Parent/Guardian Signature: _____

Date _____