

# BRISTOL WILDCATS

## 2017 FALL CHEER

Ages 5 THROUGH 13  
REGISTRATION and RELEASE FORM FEE: \$100.00

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ School District: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ (please print)

**\*\*RELEASE OF ALL CLAIMS:** I hereby give permission for my child to participate in the **BRISTOL WILDCATS CHEER** program. I release and discharge the **BRISTOL WILDCATS CHEER**, its agents, coaches, and officers from any and all claims, demands, actions, judgments, and executions which the undersigned ever had, or now has, or may have against the **BRISTOL WILDCATS CHEER**, in addition to any personal injuries arising from playing and transporting to games

DATE: \_\_\_\_\_ SIGNATURE (parent/guardian) \_\_\_\_\_

**\*\*MEDICAL CARE:** I, the undersigned, do hereby grant permission to any licensed physician to perform or provide necessary emergency medical care to my child in connection with playing the game.

DATE: \_\_\_\_\_ SIGNATURE (parent/guardian) \_\_\_\_\_

**\*\*EQUIPMENT LIABILITY:** Parents are responsible for the return of all equipment and uniforms in good condition. You, the parent will be responsible for reimbursement to the league any cost for lost or excessively damaged equipment or uniforms.

DATE: \_\_\_\_\_ SIGNATURE (parent/guardian) \_\_\_\_\_

**PARENTS, PLEASE NOTE THAT YOUR CHILD WILL NOT PARTICIPATE IN ANY GAMES UNTIL THE REGISTRATION FORMS ARE COMPLETE AND FEES PAID.**