

# Bastrop Youth Football Organization (BYFO) 2009 Cheerleading Registration Form

www.bastropfootball.com

Childs Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age as of July 31, 2009: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of School Currently Attending: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Emergency Contact (Other than Parents) Name and #: \_\_\_\_\_

How did you hear about us? Newspaper \_\_\_ Banner \_\_\_ Flyer \_\_\_ Friend \_\_\_ Other \_\_\_\_\_

Would you like to make a contribution to the BYFO Scholarship Fund? \_\_\_\_\_

If yes, please circle the amount \$5 \$10 \$15 \$20 \$25 \$50 \$75 \$100 \$125 \$150 \$175 \$200  
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- I, the parent/guardian of the above said participant, give my approval to participate in any and all cheerleading activities.
- I understand that my child must attend a fitting session by June 14<sup>th</sup> to ensure timely ordering of uniforms.
- I understand the registration fee is non-refundable should I, or my child, decide to no longer participate after the closure of registration for ANY reason.
- I understand that my child will be placed on a squad according to her age as of July 31<sup>st</sup> to allow for maximum learning and involvement of all participants on the squads with only ONE exception, "THE SIBLING RULE".
- I understand that participation in football/cheerleading may result in serious injury. I do hereby waive, release absolve, indemnify, and agree to not hold Bastrop Youth Football Organization, the organizers, board members, sponsors, coaches, supervisors, officials, participants and/or any person transporting my child to and from activities for any claim arising out of an injury to my child, whether the result of negligence or for any other cause except to the extent and the amount covered by accident or liability insurance.
- I will furnish a completed medical form, physical, certified birth certificate, and small photo to the BYFO officials. I understand that my child will NOT be able to participate until ALL completed paperwork is provided. All paperwork must be turned in no later than July 19th!
- I understand that I will need to participate in a raffle fundraiser to sell 50 \$1 tickets for a drawing to be held on the day of our Homecoming (date not yet determined). If I opt out, I understand that, at the time of registration, I must pay a discounted rate of \$40 in lieu of selling \$50 in tickets.
- I agree to volunteer at least two hours (per child) of my time to work the concession stand of home games and/or practices during the season.
- I understand that I may be asked to contribute additional funds during the season for supplies for the Homecoming Parade Float for my child's team.

By signing below, my child and I agree to read, sign and abide by the expectations and policies detailed in this packet. I understand my child will not be able to participate until the completed forms are signed and returned.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Are you interested in coaching or volunteering? YES NO