

Knightstown Youth Cheerleading

Participant info:

Name: _____ Grade: _____

Address: _____

City, State, Zip: _____

Primary contact number: _____

Primary contact email: _____

Insurance Co.: _____ Policy#: _____

Group#: _____ Name of Primary Insured: _____

Parent/ Guardian/ Emergency Info:

Father: _____ Mother: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

Cell #: _____ Cell #: _____

Release:

I give my consent for my child, _____, to join Knightstown Youth Cheerleading. I agree, as a parent / guardian, and to have my child, adhere to all rules set forth by Knightstown Youth Cheerleading, KYFL, and GYFL. I hereby bind myself, my heirs, assigns and personal representatives to waive and release Knightstown Youth Cheerleading and any and all of their agents, coaches, volunteers, participants, participants' parents, as well as any other football associations, teams, schools or officials, and team members from any and all claims or rights to damages for injuries, or losses suffered directly or indirectly in training, practice, attendance, or participation in practice, games, or competition.

I have read and agree to the above consent / release.

Parent / Guardian signature: _____

Printed Name: _____ Date: _____