

Class/ Number \_\_\_\_\_

Paid by cash / check \_\_\_\_\_

# 2014 Cary High Powder Puff Registration

## Game: Friday September 19

\$15 each player / shirt

\_\_\_ SENIOR \_\_\_ JUNIOR \_\_\_ SOPHOMORE \_\_\_ FRESHMAN

\_\_\_ Female Player

\_\_\_ Female Cheerleader Coach

\_\_\_ Male Cheerleader

\_\_\_ Male Coach

Shirt size: \_\_\_ SMALL \_\_\_ MEDIUM \_\_\_ LARGE \_\_\_ X-LARGE

Student's Name: \_\_\_\_\_

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

Parent's Name/Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parent Volunteer for night of Game \_\_\_\_\_ YES \_\_\_\_\_ NO

Provide Dinner / Drinks / Dessert for Staff helping night of game \_\_\_\_\_; Deliver 4:30 in field house

Concessions \_\_\_\_\_ Ticket Sales \_\_\_\_\_; Sideline Parent Monitors \_\_\_\_\_ First Aid \_\_\_\_\_

Sign up @goimps.com VOLUNTEERING along left side (No sign up genius this year)

Medical Authorization—as the parent or legal custodian of this student athlete, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer or first responder.

Parent/legal guardian signature: \_\_\_\_\_

\*CERTIFICATION OF ACCIDENT FORM COMPLETED AND SIGNED REQUIRED TO PARTICIPATE

Interested in a White Powder-puff Spirit shirt? (Limited quantities & Sizes) \$15.00

Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XLarge \_\_\_\_\_

**Make checks payable to: CARY IMP CLUB - \$15.00 each player/ shirt**