

SCOTT SCORPIONS 2026 CHEERLEADING

REGISTRATION FORMS

1. Complete the Scott Cheerleading Registration Form
2. Complete the CCL Cheerleading Registration Form
3. Read and sign the Cheerleading Code of Conduct Information available at www.scottscorpions.org (click on “Forms” tab and then “Registration forms”)
4. Provide a copy of Birth Certificate (***required*** – even if you cheered before)
5. **Sign** the attached Chesterfield County Code of Conduct Form.
6. Attach cash, check or money order payable to: **Scott Athletic Association, Inc. OR to SAA, Inc. (you can also pay by credit or debit card online or by checking here and an electronic invoice will be sent to your email.**

IMPORTANT – PLEASE READ

Your child will **NOT** be included on our league forms nor on team rosters if your application package is incomplete, or if we do not have the birth certificate (either attached or on file), or until we have received payment **in full**. Participation will **NOT** be allowed nor will equipment or uniforms be issued until payment is received **in full** and ALL paperwork is complete. All forms and payments must be finalized **ONE FULL DAY** before participation will be allowed. **NO EXCEPTIONS**. Thank you for your understanding.

Please bring the documents above to a sign-up event or practice

Reminders:

It is the organization’s policy to communicate primarily by email. Please make sure you provide your email address (or addresses) on the appropriate form and **register your email** on our website for the appropriate sport (in this case, Cheerleading).

Our website will be updated on a regular basis, so please visit the site for information on schedules, times, sites, cancellations, etc.

www.scottscorpions.org

GO SCORPIONS !!!!

CHESTERFIELD CHEERLEADER LEAGUE

MEDICAL FORM

YEAR: _____

COMPLETION OF THIS FORM WILL COVER YOUR CHILD AT ALL CCL EVENTS FOR THE CURRENT YEAR

Name: _____ Birth Date: _____ Grade in September: _____
Mailing Address: _____ City: _____ St: _____ Zip: _____
Phone #: _____ Elementary School Boundary: _____
Emergency Contact: _____ Relationship: _____ Phone: _____
If this person cannot be reached, please contact: _____ Relationship: _____
Phone: _____

THIS FORM DOES NOT REQUIRE A PHYSICAL EXAMINATION

Please list all allergies: _____ Please list allergies to medication: _____

Please list any medication which participant is currently taking: _____

Please make any necessary comments concerning physical condition, restrictions of participant, if any, etc.: _____

INSURANCE INFORMATION: Please list name and address of insurance company that covers participant.

Name of Insurance Company: _____ Policy #: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Name of Subscriber: _____ Relationship to Participant: _____

Please check this line if participant is NOT covered by an insurance policy. Please be aware that bills will be sent directly to parent or legal guardian.

MEDICAL TREATMENT / AUTHORITY STATEMENT

I, the undersigned parent/guardian, do hereby grant permission for my daughter/son/ward to attend cheerleading events sponsored and conducted by Chesterfield Cheerleader League. In order for my daughter/son/ward to receive the necessary medical treatment in the event of an injury or illness, I hereby authorize Chesterfield Cheerleader League's staff members to obtain medical treatment for my daughter/son/ward for such injury or illness, I hereby hold Chesterfield Cheerleader League and their representatives harmless in the exercise of this authority.

I further acknowledge, understand and agree that in participating in these events there is a possibility of physical injury or illness that my daughter/son/ward is assuming the risk of injury or illness by her/his participation. I assume full financial responsibility for such treatment.

WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Chesterfield Cheerleaders League's cheerleader sports program and related events and activities, the undersigned:

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk and serious injury, including permanent disability and death, and severe social and severe economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises of any equipment used.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Chesterfield Cheerleader League, its affiliated associations, their respective directors, agents, coaches, sponsors, and other employees of the organization, other participants, sponsoring agencies, sponsors advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, property losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases otherwise.

I/WE HAVE READ THE ABOVE MEDICAL TREATMENT/AUTHORITY STATEMENT AND WAIVER & RELEASE OF LIABILITY, AND UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

(X) Parent / Legal Guardian: _____ Date: _____

Printed name of Parent or Guardian: _____ Printed name of participant: _____

Address of Participant: _____ City: _____ St: _____ Zip: _____

THIS FORM MUST BE SIGNED BY THE "X". NO ONE CAN PARTICIPATE IN A CCL EVENT UNLESS THIS FORM HAS BEEN PROPERLY FILLED OUT AND SIGNED BY A PARENT OR LEGAL GUARDIAN.

Chesterfield County Parks and Recreation Code of Conduct

The Chesterfield County Parks and Recreation Advisory Commission has adopted the following code of conduct as a result of its concerns for good sportsmanship in cosponsored youth activities. Youth sports can be used as an opportunity for young people to learn how to engage in healthy competition while maintaining respect for their opponents. All parties to athletic competitions should adhere to the highest standards of positive support for the contestants. By participating in Chesterfield County Youth Sport Programs, all parties must abide by the Code of Conduct. Violations may result in the loss of privileges at county facilities.

I (and my guests) will be a positive role model for my children and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.

I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent, such as booing and taunting, refusing to shake hands or using profane language or gestures.

I will respect the officials and their authority. I will refrain from questioning, discussing or confronting coaches during the game, and will take time to speak with the officials or coaches at an agreed upon time and place.

I will remember that children participate to have fun and that the game is for the youth, not the adults.

I will demand a sports environment for my child that is free from drugs and alcohol and will refrain from their use at all youth sports events.

I realize that the purpose of my attendance is to observe a contest and support recreation activities, not a license to verbally assault others or be generally obnoxious.

I will respect the athletic facility in which I am visiting and will not damage or deface park or school property.

I have read and understand the code of conduct and consent to abide by all listed terms.

Player's Name: _____

Parent's Signature: _____ Date: _____