**White House Jr. Pro. Cheerleading**

Application and Release from Liability

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_ Age as of 8/1/16\_\_\_\_\_\_\_\_\_\_\_

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

 Street Name City State Zip Code

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can you receive text messages to your cell? YES / NO

Parent’s Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESIDE IN WHITE HOUSE CITY LIMITS?** YES / NO

**DID YOUR CHILD CHEER LAST YEAR?** YES NO **WHAT DIVISON?** WHITE BLUE

**IF YES, WHAT AGE GROUP? 5/6, 7/8, 9/10, 11/12/13**

**Please list any/all siblings that will be participating in Jr. Pro. Football in the 2016 season\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Emergency Information**

Participant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medical problems and medications for the treatment of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person(s) to Notify in an Emergency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician to Notify in an Emergency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE FROM LIABLITY**

The undersigned, for ourselves, and our heirs, legal representatives and assigns, hereby release and forever discharge the White House Jr. Pro. Football and/or Cheerleading Association, it’s officers, representatives, agents, commissioners, coaches, assist and coaches and volunteer workers of and from any and all causes of action, claims, demands, costs, expenses and all consequential damages on account of, or rising out of any and all personal injuries or property damage sustained by my child while participating in any event (practice, games, parades, camp, etc.) sponsored or directed by the association.

## I/We have read and understand the contents of the foregoing and have voluntarily placed my signature hereon.

Executed on the day of 20

Signature of Parent or Guardian Witness

Signature of Parent or Guardian Witness

**By signing this form, we agree to the following:**

We have read, understand and agree to abide by the rules set forth in the White House Jr. Pro. Cheerleading Rules and Guidelines provided. Any falsified documents provided to White House Jr. Pro. Cheerleading on behalf of my child will result in immediate dismissal from the league and forfeiture of any fees obtained. I understand that once practices begins, I will not receive a refund on registration fees or uniform purchases.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**FOR WHITE HOUSE JR. PRO. USE ONLY**

 **NUMBER OF CHEERLEADERS**\_\_\_\_\_\_\_\_\_\_\_\_\_ **AMOUNT PAID**\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PAYMENT METHOD:** **VISA □ MASTERCARD □ DISCOVER □**

 **TRANSACTION#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **CHECK#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CASH AMOUNT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **RECEIPT#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **BIRTH CERTIFICATE\_\_\_\_\_\_\_\_\_ INSURANCE CARD\_\_\_\_\_\_\_\_\_\_**