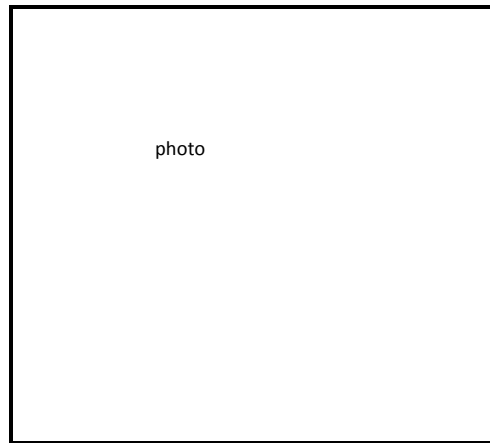


Date: _____

Burbank Vikings Cheer Team Registration

2012-2013

Section I:	Information
Participants Name:	_____
Address:	_____
Phone #:	_____
Email Address:	_____
T-Shirt Size:	_____
School & Grade:	_____
Are you a returning Viking?	



Parent's Name:	_____
Phone#:	_____
Email Address:	_____
Emergency Contact:	_____
Do you have another child in the program?:	_____
What football team? (bantam/midget, etc)?	_____
Do you want to be a team parent?:	

Cheer Fees:	<p>Cost for the 2012-13 season is \$355.00 per cheerleader. A \$50.00 non-refundable deposit is due at Sign ups and the remaining balance is due before a Cheer uniform will be purchased. Fees include but are not limited to the following: cheer instruction, choreography, use of facilities, uniform and Vikings Cheer T-Shirt. Use of Vikings Pom Pom's. You will be required to purchase your own socks and tennis shoes and it is optional to purchase your own set of pom pom's.</p>
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Your signature certifies that you and your child agree to the following:	<p>You as a parent/participant of a Vikings Cheerleader understand and agree that it is your responsibility to attend all practices, games and cheer related performances. It is also expected that your child wears the appropriate recommended clothing/attire and behave in an appropriate manner. It is your responsibility as the parent to volunteer at least 6 hours of your time as requested in the program. Your cheerleader is not guaranteed to cheer for your football players team, but you understand that we will do our best to accommodate.</p>
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Section II: RISK WARNING-INFORMED CONSENT	
<p>The PYFL is concerned about the health and welfare of all participants. Although there are low rates of incidents and accidents for youth participation in athletic activities, we feel that you should be aware that the safety equipment and protective gear CANNOT GUARANTEE IT WILL PREVENT ALL INJURIES. For the protection of your child, pre-participation examinations are required before any participation may begin. Joining an athletic team is a privilege, not a right.</p>	
I have been advised of the risk of sports and I realize that my child may be at an extra risk due to the following medical condition:	
List any conditions:	
<i>I have read and understand the above:</i>	
Parent/Guardian Signature _____	Date _____

SECTION III: PARENTAL CONSENT & MEDICAL TREATMENT AUTHORIZATION	
<p>I/We the parent(s)/guardian(s) of the above named participant, hereby give my/our approval for participation in any and all PYFL and local Chapter activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from such activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the local team, chapter, league and other organizations this football program is affiliated with including but not limited to its organizers, sponsors, supervisors, coaches and other participants and persons transporting my/our child to and from such activities or games from any claim out of injury to my/our child. The league has "Secondary Excess Accidental Medical Group Insurance Coverage", only, over any valid collectable coverage provided by the parent's separate personal or employee's dependent group insurance. In executing the foregoing release, I/we the undersigned acknowledge and represent that (A) I/We understand that any claim for injury must be reported to the players coach and/or an authorized organization/PYFL official within 30 days of the injury; (B) I/We understand that any monies I/we paid to the Chapter our child is affiliated with, does not constitute a premium payment for insurance coverage.</p>	
Name of Personal or Group Insurance:	Policy#:

Group #: _____

I/We hereby grant authority to a qualified Doctor of medical or Physician such medical treatment as said Doctor or Physician deems necessary under the circumstances.

Participant's Signature				Parent/Guardian Signature															
Office Use Only:																			
Deposit Paid:	Date:	Cash/Ck/CC:	Utility Bill :	Fitting Appt:															
Balance Paid:	Date:	Cash/Ck/CC:	Proof of Residency:	Wallet size Picture:															
SECTION IV: NO REFUNDS / NO EXCEPTION POLICY				CREDITS TOWARDS REGISTRATION FEE:															
<p><small>NO REFUNDS will be made once a participant is signed up with the program. NO EXCEPTIONS</small></p> <p>NO REFUNDS/NO EXCEPTION POLICY.</p> <p style="text-align: right;">_____ initial here</p>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">SOLD</td> <td style="text-align: center;">CREDIT to FEE</td> <td style="text-align: center;">Verified By:</td> </tr> <tr> <td>Yearbook Ad</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td>Raffle Tickets</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td></td> </tr> </table>					SOLD	CREDIT to FEE	Verified By:	Yearbook Ad	\$	\$		Raffle Tickets	\$	\$	
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