



# Sertoma Club of Summerville 2010 Cheerleading Registration

Draft # \_\_\_\_\_

Registration Fee is \$60.00 Early, which is non-refundable.

PayAlliance Services will charge a \$30.00 fee for returned checks and Sertoma will charge \$30.00.

Registration fee includes a t-shirt, trophy, and insurance – Birth certificate required to verify age.

## Please Print

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

School/Grade 2010-2011: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Returning from 2009: Yes No Last Year's Team: \_\_\_\_\_

Request: \_\_\_\_\_

(This is **ONLY** a request. There are **NO** guarantees!!)

Mother: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

## Parental Release

I, the undersigned, have read and fully understand the Rules and Regulations, which will govern my son/daughter if he/she is to represent Sertoma as a cheerleader. I further understand that this is an extra-curricular activity and that attendance at all practices, games and special functions are a requirement of the elected cheerleader. I understand that my son/daughter will be required to pay for uniforms. We hereby give permission for our child to participate in the Sertoma Club of Summerville Cheerleading Program. We have read and understand our obligation, as will our child. We understand that our son/daughter is covered by Recreation Accident Medical Insurance. We give our permission for our child to receive medical attention in the event we cannot be reached.

Signature: \_\_\_\_\_

Parent or Legal Guardian

Completed registration forms and fee (make checks payable to Azalea Sertoma Club) can be mailed to

Sertoma Club of Summerville  
Attn: Cheerleading Committee  
Post Office Box 2461  
Summerville, SC 29484

JM: (05/10/10)