

# 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: \_\_\_\_\_  
Telephone #: ( ) \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: (804) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_  
If this person cannot be reached, please contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: (804) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_ Elementary School Boundary: \_\_\_\_\_

## 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 social 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.**

## ***Enon Youth Sports APPLICATION TO CHEER***

\_\_\_\_\_  
Player's Name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Age (as of December 31<sup>st</sup>)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Elementary School Boundary

\_\_\_\_\_  
Elementary School Boundary

\_\_\_\_\_  
School Attending

Did Child Play Last Year? YES NO

If yes, for who \_\_\_\_\_

### **Consent**

I, the parent/guardian of the above named child, do hereby give my approval to his/her participation in any and all activities for the programs sponsored by the Enon Youth Athletic Association. I assume all risks and hazards incidental to such participation including transportation to and from activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Enon Youth Athletic Association, the Chesterfield Quarterback League, Chesterfield Cheerleading League and the organizers, sponsors, supervisors, participants and persons for any claim arising out of an injury to my youth, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. **I agree to return, upon request, the uniform and other equipment issued in as good a condition as when received, except for normal wear and tear.**

By my signature below, I promise to pay the above indicated participation fees. In the event my child's uniform is not returned, I promise to pay to have the uniform replaced. I understand that if my child's participation fees are not paid, or their uniform returned, Enon Youth Athletic Association has the right to effect legal action to collect the money due the association. **There will be a \$25.00 charge for any non sufficient fund checks presented to Enon Youth Athletic Association.**

I/We shall furnish a certified Birth Certificate or certified legal proof of birth or other legal proof as may be requested by the League for the above candidate at the time and place of his/her initial weigh-in or at some other time or place designated by the Commissioner.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **ENON USE ONLY**

	<b>League</b>		
Flag	Minor	Junior	Senior
5 - 7	8 - 9	10 - 11	12 - 14

#### **Registration Fees & Payment Information**

\$125.00	- 1 <sup>st</sup> Player
\$120.00	- 2 <sup>nd</sup> Player
Free	- 3 <sup>rd</sup> Player

**Player Exceptions**  
PL OP OPC PW S

Amount Paid \_\_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_

**Forms Received**  
Application\_\_\_\_ Medical\_\_\_\_ Birth\_\_\_\_

Amount Due \_\_\_\_\_ Check # \_\_\_\_\_

Balance Due \_\_\_\_\_ Receipt # \_\_\_\_\_

**Uniform Sizing**  
Crop \_\_\_\_\_ Shirt \_\_\_\_\_

***CCL Spectacular  
Competition Opt Out Form***

Association \_\_\_\_\_

**Directors:** This form is to be given to each parent whose child will not be participating in the CCL competition. This is due with registration for competition.

**Parents:** Coaches, Assistant Coaches and Directors do not have the authority to judge your child's ability whether it is mental or physical to exclude them from participating with their team during competitions. Our goal is to have every cheerleader participate. We would like to know why you have chosen NOT to allow your child to participate in the CCL Spectacular Competition.

Name of Cheerleader: \_\_\_\_\_

Squad: \_\_\_\_\_

Parents Name (print) \_\_\_\_\_

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

Reason for opting out: \_\_\_\_\_

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

Parents signature: \_\_\_\_\_

Date: \_\_\_\_\_