

**NORTHEAST ATHLETIC ASSOCIATION  
2010 CHEERLEADING CAMP REGISTRATION**

Ages: 5 – 14      Registration Fee \$ 20.00      T-Shirt Size \_\_\_\_\_

Birth Date: \_\_\_\_\_      Home Phone: \_\_\_\_\_

Child Name: \_\_\_\_\_

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

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

Day Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

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

Medical Information (Chronic Ailments): \_\_\_\_\_

\_\_\_\_\_

List any Medications your child is presently taking: \_\_\_\_\_

\_\_\_\_\_

Emotional, Behavioral, Learning Disabilities: \_\_\_\_\_

\_\_\_\_\_

As the cheerleader's parent/guardian, I understand the Northeast Athletic Association seeks to provide supervised camp for the girls. I, the parent, of the cheerleader, do hereby give my approval of her participation in any and all activities during the cheerleading camp. I assume all risks and hazards incidental to the conduct of the activities and further release, absolve, indemnify and hold harmless the Association, the organizers, sponsors, and supervisors/coaches, and/or all of the above mentioned. In case of injury to my child, I hereby waive all claims against the organizers, sponsors and any of the supervisors appointed by them. I likewise release from any responsibility, any person transporting my child to and from activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

“The following material/statements/programs are not endorsed by GCS nor do they represent the district's position or policy.”

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**Insurance Information**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Subscriber Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_