

JACOBS FOOTBALL CHEERLEADING REGISTRATION 2011 SEASON

JACOBS ATHLETIC ASSOCIATION SPONSORS FOOTBALL CHEERLEADING THROUGH CHESTERFIELD CHEERLEADING LEAGUE. REGISTRATION FEES FOR THE 2011 SEASON ARE \$130.00 PER CHEERLEADER. NO REFUNDS WILL BE GIVEN UNLESS THE SEASON IS CANCELLED. A \$150.00 DEPOSIT WILL NEED TO BE COLLECTED FOR ALL CHEERLEADERS REQUIRING A UNIFORM. PARTIAL PAYMENT WILL BE ACCEPTABLE FOR THOSE CHEERLEADERS ONLY REQUIRING CERTAIN PIECES OF THE UNIFORM; PLEASE SPEAK TO TARA MCCONNELL FOR DETAILS. IF YOUR CHILD HAS A 2010 UNIFORM THAT IS IN GREAT SHAPE AND STILL FITS THE DEPOSIT WILL BE WAIVED. PRACTICES WILL BE HELD 3 DAYS A WEEK STARTING IN JULY AND GAMES WILL START IN SEPTEMBER EVERY SATURDAY. SQUADS WILL COMPETE IN CHESTERFIELD CHEERLEADING LEAGUE COMPETITIONS IF ENTHUSIASM IS EXPRESSED BY CHEERLEADERS AND PARENTS. CONTACT TARA MCCONNELL AT 239-9374/745-5446 OR JACOBSFOOTBALLCHEER@HOTMAIL.COM WITH ANY QUESTIONS.

CHEERLEADER'S INFORMATION

NAME _____ BIRTHDATE _____ AGE AS OF 12/31/11 _____
SQUAD: FLAG 5-7 YEARS OLD _____ MINOR 8-9 YEARS OLD _____
JUNIOR 10-11 YEARS OLD _____ SENIOR 12-14 YEARS OLD _____

DOES THE CHEERLEADER HAVE ANY EXPERIENCE IN:

CHEERLEADING NO _____ YES & HOW MUCH _____
GYMNASTICS NO _____ YES & HOW MUCH _____
DANCE NO _____ YES & HOW MUCH _____
PERFORMING NO _____ YES & HOW MUCH _____

IS THERE ANYTHING WE SHOULD KNOW REGARDING YOUR CHILD'S LIMITATIONS WITH PHYSICAL ACTIVITY?

PARENT'S INFORMATION

NAME(S) _____
ADDRESS _____
HOME# _____ WORK# _____ CELL# _____
EMAIL ADDRESS _____
BEST WAY TO CONTACT PARENT _____

WOULD YOU BE INTERESTED IN HELPING WITH ANY OF THE FOLLOWING THROUGHOUT OUR CHEERING SEASON?

COACHING _____ TEAM PARENT _____
HOMECOMING _____ COMPETITIONS _____
BANQUET _____ FUNDRAISERS _____

DATE REGISTRATION PAPERWORK WAS RECEIVED _____
DATE COPY OF BIRTH CERTIFICATE WAS RECEIVED _____

REGISTRATION FEE PAID ON _____ METHOD: CASH _____ CHECK# _____ AMOUNT: _____
JAA REP SIGNATURE _____ PARENT SIGNATURE _____

UNIFORM DEPOSIT COLLECTED ON _____ CHECK# _____ AMOUNT: _____
JAA REP SIGNATURE _____ PARENT SIGNATURE _____