

WARSAW YOUNG TIGER CHEERLEADING

PO BO 1798 WARSAW IN 46581-1798

MASTER
DATE: _____
PLEASE PRINT AND COMPLETE FORM

Child's Name: _____

Parents/Guardian's Name: _____

Address: _____ City: _____

First Contact Number: _____ Contact Name: _____

Secondary Contact Number: _____ Contact Name: _____

Would you be willing to help coach? (Please circle) YES NO Volunteer as a team parent? (Please circle) YES NO

Family Doctor: _____ Phone: _____

Medical Insurance: _____ Policy Number: _____

If none, are you self-insured? (Please circle) YES NO

CONSENT FOR EMERGENCY MEDICAL TREATMENT OF A MINOR CHILD

I (WE) _____ PARENTS/LEGAL GUARDIANS of _____ authorize the WYTF to provide medical treatment in the event of injury/illness. Treatment is to be provided by qualified medical personnel. Treatment cost is to be born by the parent/guardian.

Parent/Guardian Signature

CONSENT TO PARTICIPATE

I hereby consent to my child's participation in the WYTF program, and acknowledge that I have provided the above information which is true and correct to the best of my knowledge. I understand that cheerleading is an active sport, and every effort will be made to protect my child from injury. I assume full responsibility for and agree to hold harmless the WYTF, its agents, and volunteers, from all injuries and for claims arising from any injury my child might sustain through participation herein.

Parent/Guardian Signature

CURRENT GRADE: (PLEASE CIRCLE) 1 2 3 4 5 6

GRADE GOING INTO NEXT YEAR: (PLEASE CIRCLE) 1 2 3 4 5 6

DATE OF BIRTH: _____ YEARS WITH YTF: (PLEASE CIRCLE) 1 2 3 4

DO YOU HAVE A BROTHER/SISTER ON FOOTBALL TEAM: (PLEASE CIRCLE) YES NO

WHAT TEAM: (PLEASE CIRCLE) LOWER ORANGE / LOWER ORANGE 2 / LOWER BLACK / LOWER WHITE
UPPER ORANGE / UPPER BLACK NOT ASSIGNED YET _____