



Thomas Jefferson Youth Cheerleading Association Registration Form

Website: www.tjyca.com Email: admin@tjyca.com ALL information required BEFORE participation.



CHEERLEADER INFORMATION		
Name: _____	Birth date: (mm-dd-yyyy) ____ - ____ - _____	Returning cheerleader? Yes / No
School: _____	Grade of cheerleader next year (11/12 school year) : _____	
PARENT and EMERGENCY CONTACT INFORMATION		
Parent (s) / Guardian (s): _____	Home Phone: _____	
Address: _____	Cell Phone: _____	
City, Zip: _____	Day/Work Phone: _____	
Email: _____	(Please Indicate Which Number Above to Call First)	
Emergency Contact Name: _____	Emergency Phone/Cell #: _____	Emergency Relation: _____

Primary Doctor Information	
Name, Location of PCP/ or Family Doctor: _____	Phone #: _____

CHILD'S HEALTH HISTORY	Yes	No	If yes, please explain severity and type of reaction:
Food Allergy	_____	_____	_____
Insect Stings (allergy)	_____	_____	_____
Hay Fever	_____	_____	_____
Asthma	_____	_____	_____
Diabetes	_____	_____	_____
Seizures	_____	_____	_____
Other Medical Conditions	_____	_____	_____

Does the cheerleader take medication on a regular basis, or have any conditions that the coaching staff should be aware of?
If yes, please explain:

WAIVER AND DISCLAIMER
<p>I/We, the parent(s) and / or legal guardians of the above named cheerleader, hereby give approval for her participation in any and all sponsored activities, including performing stunts/routines, during the specified cheer season. I/We understand that unanticipated events may arise and assume all risks and hazards incidental to such participation. I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the THOMAS JEFFERSON YOUTH CHEERLEADING ASSOCIATION (TJYCA), TJYCA BOARD OF DIRECTORS, and the WEST JEFFERSON HILLS SCHOOL DISTRICT, its sponsors, coaches, participants, agents and affiliates from any claim whatsoever related to said participation, including but expressly not limited to accident or injury. I/We further indemnify the aforesaid under the same circumstances for costs and attorneys' fees. I/We also give permission to authorized personnel/local hospital(s) to carry out such emergency diagnostic and therapeutic procedures deemed necessary for my child in the event of an emergency. I/We understand that any medical expenses will be billed directly to me/us. I/We agree that the information provided above is accurate/correct so far as I/We know. I/We acknowledge that the Standards of Participation and 2011 By-Laws, including Team Policies and Procedures, are available at www.tjyca.com, and that it is our responsibility to read and abide by them.</p>
Parent(s) / Guardian(s) Signature, Date

REGISTRATION/CHEER CAMP FEE FOR 2011 = \$100, 1st grade; \$125, grades 2-8

NONREFUNDABLE AFTER FINAL REGISTRATION DAY, Tuesday April 19, 2011

Address all registration questions to Kristyn Schottenheimer - 412-653-4495 or kschotts@hotmail.com

***** ALL REGISTRATIONS AND UNIFORM FITTINGS MUST BE FULLY COMPLETED AND SIGNED BY DESIGNATED TIMES. THERE WILL BE NO EXCEPTIONS TO CUTOFF DATES. *****

Date of Payment _____ Amount Received \$ _____ Check Number: _____