

**BROOK PARK RECREATION
2010
RESIDENT
"CLINIC"
CHEERLEADING REGISTRATION**



PLEASE PRINT:

NAME _____

AGE (AS OF SEPT 1, 2010) _____

ADDRESS _____

BIRTHDATE _____

PHONE # (HOME) _____

(WORK) _____

REGISTRATIONS WILL BE ACCEPTED UNTIL JUNE 30th.

____ Clinic Cheerleading (5-6 yrs. old)

Must be 5 yrs. old before Sept. 1st. &
Cannot be 7 yrs. old on or before Sept 1st.

Clinic Fees are as follows:

Rec. Member: \$50 Non-Member: \$55

***Make checks payable to Brook Park Recreation (*must show two proofs of residency)**

Please circle the appropriate size.

Long Sleeve t-shirt: YS YM YL AS

Short Sleeve t-shirt: YS YM YL AS

Skirt size: (elastic waist measurements)

YXS (18-20) YS (20-22) YM (22-24) YL (24-26) AXXS (22-24) AXS (24-26) AS (26-28)

See sample sizes at front desk!

***If items do not fit and additional items need to be ordered,
there will be an additional fee charged.**

Players new to the above programs must show their birth certificate at the time of registration unless already on file. Participants returning to the above programs must register on or before June 30th.

.Participants who do not, will be placed on a waiting list and cannot be guaranteed placement on last year's team.

****ALL PARTICIPANTS WILL BE ASSESSED A \$10.00 LATE FEE AFTER JUNE 30th. ****

A Parent / Guardian **MUST** be present to register their child (ren).

I/We, the undersigned, do hereby give approval for the above named to participate in the Tri-City Cheerleading program; agree to assume all risks and hazards while participating in a scheduled practice or game, including transportation to and from all activities; agree that neither the City of Brook Park Recreation Middleburg Hts. Recreation or Berea Recreation, their agents or officers nor any person or organization connected with this activity will in any way be held responsible or liable for any injuries or medical expenses that may be sustained; agree and state that the above named is covered by a hospital/medical plan.

(Parent/Guardian Signature)

Date

FOR OFFICE USE ONLY

DATE _____ RECEIPT# _____ EMP.INITIAL _____ BIRTH/CERT. _____