

HOW DO I SIGN UP?

Bring or mail registration fee to:

**Hebron Baptist Church
202 Hebron Church Road
Dacula, GA 30019**

Parents may drop off their form and registration fee at the Recreation Office anytime between 8:00am and 6:00pm, Monday through Thursday.

AGES 4 THROUGH 12TH GRADE

Season Schedule

~ August 9th 2011, thru January 7th, 2012

Important Dates

- ~ July 16th - Evaluations
- ~ July 28th thru 30th - Kick Off Camp
- ~ July 30th - Mandatory parent meeting
- ~ August 2nd - Uniform fittings
- ~ January 7th, 2012 - Nationals at the Rosen Shingle Creek Resort in Orlando, FL.

Registration Fees:

- \$275** per cheerleader
- \$50** Spirit Fee
- \$129** Competition Fee (covers all competitions)

~ \$10 sibling discount

FOR MORE INFORMATION:

Susan DuBose
(678) 407-9314
susan@hornetscheerleading.com
www.hornetscheerleading.com



11-12

IMPACT CHEERLEADING SEASON REGISTRATION FORM



CHEERLEADER CONTACT INFO:

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Nickname _____

Grade (11-12 school year) _____ Date of Birth / / _____

Church (if you regularly attend, which one?) _____

Cheerleading experience? _____ Tumbling experience? _____

List any special medical conditions _____

PAYMENT:

Cheerleader Fee: _____ Spirit Fee: _____ Competition Fee: _____

Total \$ _____

OFFICE USE ONLY:

Paid: _____ Amount Paid: _____

Payment Type: _____

PARENT/GUARDIAN INFORMATION:

Father/Guardian

Work Phone () _____ Cell Phone () _____

Mother/Guardian

Work Phone () _____ Cell Phone () _____

Parent Email _____

Emergency Contact

Day Phone () _____ Evening Phone () _____

Interested in volunteering for a Team Parent position? _____

If so what position? _____

Insurance Company _____

Insurance Policy Number _____

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT. NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the named child, authorize the participation of my child in the Hebron Baptist Church/Impact Cheerleading season. I understand that this program is a nonprofit Christian sports ministry program for youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that Impact Cheerleading is conducted by Impact Cheerleading Staff and Hebron Baptist Church volunteers. I further understand and agree that my child's participation in athletic and other cheerleading activities necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants. On behalf of my child, me and my family, I assume these risks. In consideration of the privilege of my child's participation in cheerleading, and on behalf of my child and me as a parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue Hebron Baptist Church or Impact Cheerleading, and all of the church's and Impact's directors, officers, elders, deacons, employees and all other persons associated with cheerleading as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses and economic loss arising directly or indirectly out of my child's participation in cheerleading, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in cheerleading activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as a parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I give permission for free use of my child's name and picture in broadcasts, telecasts or written accounts for any participation in an FCC/Impact Cheerleading sponsored event.

MEDICAL CONDITIONS

I understand that participation in cheerleading may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the activities. I understand that Hebron Baptist Church or Impact may request health information concerning my child and/or ask my child to undergo a medical exam. If the church/Impact determines my child unable to participate in cheerleading activities, I understand and agree that they might have to make certain decisions out of the concerns and best interests of my child and other participants.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill during cheerleading activities, and if I, the parent or guardian of the named child, am not able to make medical decisions, I hereby authorize the church, staff and Impact to arrange for and consent on my behalf to emergency medical and dental care and treatment, including test, and radiological exams and surgery and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges and expenses not covered by my insurance or the insurance applicable to my child. My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. Each responsible parent/guardian should sign.

Signature _____

Parent Name _____ Date _____

Signature _____

Parent Name _____ Date _____