

Participant's Name: \_\_\_\_\_

PLEASE PRINT

Date of Birth \_

## 2018 VOUTH CH

31014	2010 100111	Date Received
ecreation	CHEERLEADING REGISTRATION	Amount Paid \$
	Registration Cannot Be Accepted without	Check #
	Payment and Age Verification Document for New Participants	Receipt #
:	$\qquad \qquad $	50%Scholarship
	Verification must be submitted with form for all new participants.	Approved by

office use only

**REGISTRATION FEE \$55 (uniform not included)** 

Scholarship Request: Limited Number of of income must be provided with registration. A Recipient), Section 8 Public Housing Voucher, or NOTE: Scholarship documents must be submitted accompany this completed registration form.	ttach a photocopy of: K-CHIP - Kentuck other government assistance program do	sy Health Card, K-TAP Card – (We cumentation; or Federal tax return	<i>i</i> .
Does this participant require a special a [] Yes [] No If Yes, what type of assistan			oate in this program?
List Allergies:			
Parent/Legal Guardian Name		Home Phone	
Street Address		Work Phone	Ext
City Stat	e Zip	Emergency Phone	
E-mail address:		Cell Phone	
Emergency Contact if parent/guardia Name:			
Phone	□Home □Work □Cell		
representatives, elected or appointed officials "LFUCG"), to act for me according to their be me/my child for any injury/illness that I/he/sh hospital designated by LFUCG, if advance caparent/guardian/named emergency contact of release the LFUCG from any and all liability is I understand that I am responsible for any coexpenses. I further accept responsibility that I	est judgment in an emergency requiri- e sustains during participation in any ure (x-rays, tests, etc) is required. It the participant in or to grant any ac for any injuries or illnesses incurred vests incurred due to injuries received	ng medical attention for me or n designated Parks and Recreatio is understood that every reason dditional authorization for any while participating in the above a d in participating in the above	ny son, daughter, or ward and/or to treat on activity. I authorize admission to any hable attempt will be made to notify the surgical procedure. Also, I waive and activity(s). activity(s) covering medical and dental
Signature of Parent/Guardian:	D	ate:	
WAIVER AND RELEASE AGREEMENT  (1) I understand and agree that I or my child activity(s) and that the LFUCG assumes no rea Parks and Recreation activity(s).  (2) In consideration of the entry of me/my chexecutors, and administrators, do hereby was causes of action whatsoever which may arise and participation in the activity(s), and I herefrom the above-mentioned participation.  (3) I hereby represent that the above participation the activity(s) and I accept responsibility the (4) I allow the likeness or picture of me/my capacity in any manner incidental to participations (5) I understand that Parks and Recreation activity, except in special circumstances such (6) I understand that, as a participant, parent, related to participation in this sports activity including, but not limited to, fighting, verbal Division of Parks and Recreation Physical/V Office.	hereby voluntarily assumes any risk esponsibility whatsoever for any injurally into the Parks and Recreation active, release and forever discharge thas a result of or in connection with eby agree to hold the LFUCG harmle at I and/or my son, daughter or ward, hild to appear in any official docume tion in this event/program without conwill issue a 50% refund only if a refas medical reasons.  and/or spectator, my child and I are a accordance with the Physical/Verbabuse or racial and gender epithets in	ry or damages which may result vity(s), I, intending to be legally to LFUCG from any and all clar, association or entry into in and ess for any injury or damages of the analysis of the analy	to me or my child from participation in bound, do hereby for myself, my heirs, aims, demands, damages, or injuries or d/or arising out of, traveling to or from, r claims to person or property resulting all keep the participant from taking part in the above activity(s). television coverage, whatsoever, of this ecutors, agents and/or administrators. To business days prior to the start of the Parks and Recreation for our actions as ng rules. Any unsportsmanlike conduct, ers, will not be tolerated. A copy of the

I hereby assert that I fully understand and agree to these waivers and agreements.

Signature of Parent/Guardian:		Date:	



545 N. Upper Street Lexington KY 40508

## 2018 YOUTH CHEERLEADING PROGRAM – CHEERLEADER REGISTRATION

						GISTRATION	
Participant's Name:			I	Registratio	n Pe	riod: June 1 – July 31,	2018
CHEERLEADING REGISTRATION FEE \$35 (uniform not included)							
Registration Fee must be submitted with form. Fee is payable to Parks & Recreation by check, money order, credit card, or cash in exact amount. A 50% refund for Cheerleading registration fees can be processed if a written refund request form is submitted to the Athletics Office by August 24, 2018.							
Only cheerleaders that have previously cheered for a team may register as returning cheerleaders for that team. All others must register as a new player. Many parks form mixed-age teams that cheer for all age divisions at the park on a rotating basis. Therefore, cheerleaders returning to a mixed-age team may register as a returning cheerleader even if they are changing age divisions. All individuals must register in the appropriate age division. Players who choose to change teams must register as a new player. New players will be automatically assigned after July 31 if a park has registrations that							
warrant only a single team. requests if possible.			-				er numbers or
		_	lity is determined by pla				
				e for ret	urni	ing or new cheerlea	ider.
Constitution Park Ti	I	1					
□ returning: ages 6, 7, 8 □ *new: ages 5, 6, 7, 8	730001 730000		returning: ages 9 & 10 *new: ages 9 & 10	730031 730030		returning: ages 11 & 12 new: ages 11 &12	730061 730060
Douglass Park Dolpl	hins Ch	eer	Team				
returning: ages 6, 7, 8			returning: ages 9 & 10			returning: ages 11 & 12	
□ *new: ages 5,6, 7, 8	730002		*new: ages 9 & 10	730032		new: ages 11 & 12	730062
Gainesway Park P.A.	L. Stee	ler	s Cheer Team				
returning: ages 6, 7, 8	730005		returning: ages 9 & 10	730035		returning: ages 11 & 12	730065
$\square$ *new: ages 5, 6, 7, 8	730004		*new: ages 9 & 10	730034		new: ages 11 &12	730064
Idle Hour Park Rave	ns Chee	1			I		
returning: ages 6, 7, 8			returning: ages 9 & 10			returning: ages 11 & 12	73000€
*new: ages 5, 6, 7, 8	730006		*new:: ages 9 & 10	730036		*new: ages 11 & 12	730066
Martin Luther King	Park Bi	on	cos & Ducks Cheer	Team	<u> </u>		
$\square$ returning: ages 6, 7, 8	730010		returning: ages 9 & 10	730041		returning: ages 11 & 12	730069
□ *new: ages 5, 6, 7, 8	730009		*new: ages 9 & 10	730040		new: ages 11 &12	730068
Shillito Park Cheer 7	Геат	ī					
returning: ages 6, 7, 8	730012		returning: ages 9 & 10	730043		returning: ages 11 & 12	730071
*new: ages 5, 6, 7, 8	730011		*new: ages 9 & 10	730042		new: ages 11 &12	730070
Southland Park Chee	r Team						
returning: ages 6, 7, 8	730017		returning: ages 9 & 10	730048		returning: ages 11 & 12	730074
□ *new: ages 5, 6, 7, 8	730016		*new: ages 9 & 10	730047		new: ages 11 &12	730073
LEXINGTON Parks & Recreation Athletics Office 545 N. Upper Street	fami tean acco □ fa	ily mon. Women. Women	ember on a cheerleading team	or football to Individuals w on this cheerle	eam; i		that

We depend on the support of parents and volunteers who serve as coaches and team parents to provide the best program possible for our youth. Please consider coaching or assisting with a team. All coaches complete an application that includes a background check. Coaches receive pre-season sports-specific training and support through the season. Every minute working with a child becomes a lifelong memory that is well worth your time. You can find an application online or check a box below to be contacted at a later date.

□ other \_\_\_\_

□ Head Coach □ Asst Coach □ Team Parent Name: Phone:	☐ Head Coach
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