



2024 CHEERLEADING REGISTRATION

*Registration Cannot Be Accepted without Payment and
Age Verification Document for New Participants*

<i>For Office Use Only</i>	
Date Received:	_____
Time Received:	_____
Amount Paid \$	_____
Check #	_____
Receipt #	_____
Approved by:	_____

PLEASE PRINT

Participant's Name: _____ Gender: M F

Date of Birth: _____ *Verification must be submitted with form for all new participants.*

Scholarship Request: Scholarship = 50% fee reduction. To apply for a scholarship, proof of income must be provided with registration. *Attach a photocopy of: K-CHIP - Kentucky Health Card, K-TAP Card – (Welfare Recipient), EBT Card- (Food Stamp Recipient), Section 8 Public Housing Voucher, or other government assistance program documentation; or Federal tax return. Free/ Reduce Lunch*

NOTE: *Scholarship documents must be submitted once every calendar year (January-December). Scholarship Eligibility Application (found at lexingtonky.gov/youth-football) and qualifying documents must be submitted each year with this completed registration form.*

Does this participant require a special accommodation due to a disability in order to fully participate in this program? [] Yes [] No If Yes, what type of assistance is needed? _____

List Allergies: _____

Parent/Legal Guardian Name: _____ Home Phone: _____

Street Address: _____ Work Phone: _____ Ext.: _____

City: _____ State: _____ Zip: _____ Emergency Phone: _____

E-mail address: _____ Cell Phone: _____

Emergency Contact if parent/guardian listed above cannot be reached:

Name: _____ Relationship to Participant: _____

Phone: _____ Home Work Cell

CHEERLEADING REGISTRATION FEE \$45 (uniform not included)

Registration Opens: July 1, 2024

Registration Closes: August 26, 2024

Registration Fee and any other required documents must be submitted with this 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 30, 2024.

All incoming players will be assigned a team/park depending on school attended. For more information on school assignments and team locations, visit www.lexingtonky.gov/cheerleading. Verification of school enrollment is required before start of season. *Returning 11 year-old participants, in their final season of participation, are able to remain on previous season's team for final year.

2024/2025 Enrolling School: _____

Previous Team Assignment (*Returning 11 year old players only): _____

Division eligibility is determined by player's age as of August 1, 2024.
Select division by checking the appropriate box below.

7U DIVISION (ages 6 & 7)	9U DIVISION (ages 8 & 9)	11U DIVISION (ages 10 & 11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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MEDICAL CONSENT AGREEMENT AND RELEASE: I hereby authorize the Lexington-Fayette Urban County Government (its agents, employees, representatives, elected or appointed officials or designees and the agents or employees of its Division of Parks and Recreation, collectively referred to as "LFUCG"), to act for me according to their best judgment in an emergency requiring medical attention for me or my son, daughter, or ward and/or to treat me/my child for any injury/illness that I/he/she sustains during participation in any designated Parks and Recreation activity. I authorize admission to any hospital designated by LFUCG, if advance care (x-rays, tests, etc.) is required. It is understood that every reasonable attempt will be made to notify the parent/guardian/named emergency contact of the participant in or to grant any additional authorization for any surgical procedure. Also, I waive and release the LFUCG from any and all liability for any injuries or illnesses incurred while participating in the above activity(s).

I understand that I am responsible for any costs incurred due to injuries received in participating in the above activity(s) covering medical and dental expenses. I further accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

Signature of Parent/Guardian: _____ Date: _____
**cannot accept registration without signature*

WAIVER AND RELEASE AGREEMENT:

- (1) I understand and agree that I or my child hereby voluntarily assumes any risk of injury that may arise out of my/his or her participation in the above activity(s) and that the LFUCG assumes no responsibility whatsoever for any injury or damages which may result to me or my child from participation in a Parks and Recreation activity(s).
- (2) In consideration of the entry of me/my child into the Parks and Recreation activity(s), I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, do hereby waive, release and forever discharge the LFUCG from any and all claims, demands, damages, or injuries or causes of action whatsoever which may arise as a result of or in connection with, association or entry into in and/or arising out of, traveling to or from, and participation in the activity(s), and I hereby agree to hold the LFUCG harmless for any injury or damages or claims to person or property resulting from the above-mentioned participation.
- (3) I hereby represent that the above participant is in good physical condition and has no disease or injury that would keep the participant from taking part in the activity(s) and I accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).
- (4) I allow the likeness or picture of me/my child to appear in any official documentary, sponsor advertisement or television coverage, whatsoever, of this capacity in any manner incidental to participation in this event/program without compensation to me, my heirs, executors, agents and/or administrators.
- (5) I understand that Parks and Recreation will issue a 50% refund only if a refund request form is submitted 7 business days prior to the start of the activity, except in special circumstances such as medical reasons.

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

Signature of Parent/Guardian: _____ Date: _____
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VOLUNTEERISM:

☆ 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. You can find an application online or check a box below if interested to be contacted at a later date.

Head Coach Assistant Coach Team Parent Name: _____ Phone: _____