

**St. Alphonsus Athletics  
2010-2011 Cheerleader  
Registration Form**

Athlete's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Athletic T-Shirt size: \_\_\_\_\_

**Release:**

\_\_\_\_\_ has my permission to participate in the sport of cheerleading with the St. Alphonsus cheerleader squads. I understand that my personal insurance relieves the schools and coaches from financial responsibility resulting from injury. I agree to submit a copy of my current medical insurance card, as required of proof of insurance coverage. I also understand that a physical examination or doctor's release is required in order to be eligible to participate in any sporting activities at St. Alphonsus School.

\_\_\_\_\_  
Parent's Signature

**Parents:** Your child's commitment to playing a sport at St. Alphonsus school should include your commitment to assist in making these activities a success. Please understand that you will be required to work scheduled times in the concession stand and at the admission gate.

**Registration Fee: \$65**

**Registration fees are non-refundable unless a team is not provided.**