Beaverton Youth Cheerleading 2018

Registration Form & Consent to Participate

**Must be filled out in order to participate*

***Athlete Basic Information**

Athlete Full Name: _____ Athlete Preferred Name: _____

School (2018-2019): _____ Grade Level (2018-2019): _____

Primary Street Address: _____

City: _____ State: _____ Zip Code: _____

***Parent/Guardian #1**

Name: _____ Phone: _____

Current E-mail: _____

Parent/Guardian #2

Name: _____ Phone: _____

Current E-mail: _____

***Emergency Contact (if parent(s) cannot be reached)**

Name: _____ Phone: _____

Relationship to Athlete: _____

***Medical Information**

Primary Physician: _____ Phone: _____

Please list any allergies the program and your athlete's coaches need to be aware of. Please also list if there are any epi-pens or similar items the coaches can carry for you:

_____

_____

_____

Please list any medical conditions the program and your athlete's coaches need to be aware of. Please also list if there are any precautions we can take to make life a little easier while at practices or games:

_____

_____

_____

Buddy Requests **(We cannot guarantee these requests will be met, but we do our best to accommodate)**

If your athlete has any relatives participating in the Beaverton Youth Football or Cheerleading program, please tell us their name and grade level:

_____

_____

_____

If your athlete has any friends participating in Beaverton Youth Cheer that you would like them to cheer with, please list their name and grade level:

_____

_____

Were you referred to BYC by another participant? If so, who?: _____

***Tumbling Information**

Please go over this list with your athlete and check off all skills that they can currently perform, without assistance. This is purely informational and no restrictions to participation will be made based on it.

__ Cartwheel __ Back Bend __ Back Walkover __ Roundoff __ Back Handspring

_____ Please check here if your athlete would be interested in participating in a weekly tumbling class.

***Parent/Guardian Statement of Consent**

I hereby give permission for my child to participate in any activities during the Beaverton Youth Cheerleading season, knowing that there are certain risks involved. I do hereby waive, release, absolve, indemnify and agree to hold harmless BYC and its members, including but not limited to: my child's coaching staff, volunteers, and members associated with BYC for any claims arising out of injury to my child or from the performance of BYC activities. If my child is injured, I authorize and direct BYC to administer first aid, if necessary, and transport my child to a medical facility. I agree that BYC may use any photos and videos taken during BYC activities for promotional purposes. In addition, these pictures and videos may be used for other media purposes (such as the website and any social media pages). I acknowledge that I have read the Participation Information Packet posted on the website and agree to the terms of participation set forth by the board.

Name: _____ Date: _____

Signature: _____

***Transportation Waiver**

Please read carefully and only initial items that apply to your athlete and their methods of transportation to and from Beaverton Youth Cheer events.

_____ By initialing this line, I am allowing my athlete to walk to and from events. I acknowledge that Beaverton Youth Cheer is no longer responsible for my athlete after they leave the participation area. My athlete will still check in and out of practices, but they are permitted to do so for themselves.

_____ By initialing this line, in the case of an emergency, I would allow my athlete to ride in an automobile with a member of the board. All members of the board are legally licensed drivers over the age of 18 years old.

_____ By initialing this line, I authorize my child to ride with an available parent in the program should there be an arranged carpool. Names and phone numbers of all parents in the program will be in the parent handbook.

Please list below the individuals who are allowed to check your athlete out of an event, and are therefore authorized to transport your athlete after they are released from BYC's care (This does not need to include other BYC parents if carpool has been arranged privately).

Name: _____ Relationship to Athlete: _____

Name: _____ Relationship to Athlete: _____

Name: _____ Relationship to Athlete: _____

Name: _____ Relationship to Athlete: _____

Name: _____ Relationship to Athlete: _____

Name: _____ Relationship to Athlete: _____