



Clyde L. Gracey Community Center

5629 Byrom St., Milton, FL 32570

Phone: 850-983-5466

Email: bgamblin@miltonfl.org

Tri-County Use Only

## CHEERLEADER REGISTRATION FORM 2023

REGISTRATION FEE IS \$120

NO REFUNDS AFTER YOU REGISTER - MAKE CHECKS PAYABLE TO: CITY OF MILTON

Register at: Clyde L. Gracey Community Center, 5629 Byrom St. - Child is not registered until payment is made!

### CHILD'S NAME AS IT APPEARS ON THEIR BIRTH CERTIFICATE

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Nickname (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of August 1, 2023: \_\_\_\_\_ Grade 2023/24 School Year: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Child's School: \_\_\_\_\_

Did your child play at Milton last year?  Yes  No If no, where? \_\_\_\_\_

#### PARENT AGREEMENT

*I, the parent or legal guardian of the above named child, give my consent for participation in all team activities during the season. I understand there is a risk of injury involved and I assume all risks and hazards incidental to such participation and waive, release, absolve, indemnify and hold harmless the City of Milton, the organizers, sponsors, supervisors and participants. I also understand there are no refunds of the registration fee. I understand that my child will be expected to attend ALL practices and games and it's my responsibility to ensure that he/she does so. I also assume the responsibility of providing my child the transportation needed. Should it be necessary for my child to miss a practice or game, he/she will follow the pre-set rules enforced by the team manager or coach. In case of my absence or unavailability, I do hereby give my permission for my child to obtain emergency services by any active staff member or emergency personnel. I also assume full responsibility for the bill.*

#### Please Initial After Each Statement

- I understand that the registration fee is non-refundable. \_\_\_\_\_
- I understand the registration fee does not include the cost of the uniform. \_\_\_\_\_
- I understand the registration fee is for one jamboree, an estimated eight football games, and possible playoff games. \_\_\_\_\_
- I understand practice will not start until August. \_\_\_\_\_
- I have received a copy of this information. \_\_\_\_\_
- I give the City of Milton permission to use my child's image and likeness for marketing purposes. \_\_\_\_\_

By my signature below I understand and agree to all the above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parents: All trophies left 30 days after banquet will be forfeited.**

#### BELOW FOR CITY USE ONLY

Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Initials of City Representative: \_\_\_\_\_