

**Mitchell County Recreation Department – 2010
Football Cheerleading Registration**



Deadline: Friday, August 13th (return form to school attending)
Fees: \$30 per child (nonrefundable) to be paid with application.
Age Limit: Kindergarten - 6th – cannot turn 13 years of age on or before October 16th

Late entries will not be accepted. Fees must be paid when registration form is returned. Please call Greg Hoilman at 828-688-5901 to obtain a waiver if you need assistance with fees. A registration form that is not accompanied either by a fee payment or waiver form will not be accepted.

Child's Name: _____ Telephone #: _____

Address: _____ City: _____ Zip: _____

School: _____ Grade: _____ Date of Birth: _____

Years of Experience: _____ Other County Recreation Sports Played: _____

Size Chart: Child's medium , large . Adult's small , medium , large .

If brother is playing football, give name and grade _____

Doctor's Name: _____ Telephone #: _____

Medical information (any health information that the staff may need for you child's safety): _____

Emergency Contact: _____ Telephone #: _____

E-Mail Address: _____

I understand that injuries can occur when involved in a physical activity. I will not hold Mitchell County or staff responsible for any injuries that may occur while my child is participating in this season. I also understand that parents may not choose their child's teammates or coach (although the Recreation Department may allow parents one opportunity to reject one coach). I understand that Mitchell County Recreation Department rules are designed to promote the safety and enjoyment of all participants in its programs. I will abide by these rules, whether I like them or not, and if I am unruly in any way I will leave the playing grounds without any problems if asked to do so. . All conflicts between parents, coaches, and/or children should be directed to Greg Hoilman, Director. If you take it upon yourself or your child takes it upon his/herself to handle the conflict the parent and/or child may be reprimanded.

Parent/Guardian Signature: _____ Date: _____

If you want to coach or help coach, please sign here _____

Note: Fees are used in part to provide gap medical insurance that picks up where your primary insurance coverage leaves off in the even your child is injured in a game. Any claims must be submitted to the primary carrier first.