



Mukilteo Wolverines Junior Cheerleading



2010 Registration

Player Information – (Please Print Legibly)

Last Name: _____ First Name: _____ DOB: ____/____/____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell # _____ Parent E-mail : _____

Fall 2010 Grade: _____ 2010 School: _____ Name on cheer bag _____
(as you would like it written)-write legibly

Cheer Divisions	<input type="checkbox"/> Pee Wees & 89ers <input type="checkbox"/> K – 3 rd Graders	<input type="checkbox"/> Juniors <input type="checkbox"/> 4 th - 6 th Graders	<input type="checkbox"/> Seniors <input type="checkbox"/> 7 th - 9 th Graders
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\$95.00 Registration + \$50.00 Fundraiser*

(This is Per Cheerleader, Registration fee includes a custom cheer bag for cheerleader to keep!)

*FUNDRAISER= \$50.00 worth of 2010 raffle tickets for you to sell or keep.

PAYMENT METHOD: Cash: ____ CC: ____ Check: ____ Check # _____ (Make checks Payable to: MMWYS)

-NO REFUNDS-

***The cost of the cheer uniform will be in the range of \$200.00, which will have to be paid in full when uniforms are ordered**

Parent/Guardian Emergency Contact Information

<u>Parent / Guardian 1</u>	<u>Parent / Guardian 2</u>
Full Name	Full Name
Relationship to Player	Relationship to Player
Home Phone	Home Phone
Cell or Work Phone	Cell or Work Phone
**Email Address	**Email Address

**We communicate primarily via email, please ensure to provide a working & accessible email for updates and important info.

Parent Permission

The registration fee is non-refundable. Cheerleading uniforms will be ordered when full uniform payment is received. Cheerleading uniforms will not be ordered until the full cost of the uniform is paid in full and the delivery date of the uniform may be 6-8 weeks from the date the order is placed with the vendor.

Medication Authorization – Grant of Consent. I hereby certify that my child is in good health and may participate in all activities. In case of an emergency, I give my permission for my child to be given emergency treatment at any responsible accessible hospital.

Liability Waiver: AS the parent (or legal guardian) of the above named minor, I grant permission for the minor to participate in all activities of the sports program. I assume all risk and hazards incidental to such participation, including transportation to and from such activities, and do hereby release and waive all claims against Mukilteo Wolverines, Sponsors, volunteers, agents and other participants.

Signature of Parent / Guardian: _____ Print Name: _____ Date _____

Send Form to: **Mukilteo Wolverines Cheerleading**
P.O. Box 203
Mukilteo, WA 98275

Official Receiving Payment: _____ Date Received: ____/____/____ Amount Paid: _____