

**CULPEPER FOOTBALL ASSOCIATION, INC. CHEERLEADER REGISTRATION 2010**

**CHEERLEADER INFORMATION:** *Please only use one form per child, use an ink pen, and print.*

Family E-mail address (please use one that is checked often): \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age (as of Oct 1st this year): \_\_\_\_\_  
 Is the child trying out for Middle School cheerleading: Y / N Please list the school: \_\_\_\_\_  
 Please list the names and ages of siblings who will also be participating in the CFA: \_\_\_\_\_

***Emergency Information:***

Parent1 Last Name: \_\_\_\_\_ Parent1 First name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Parent2 Last Name: \_\_\_\_\_ Parent2 First name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Emergency Contact (other than parent): \_\_\_\_\_ Relationship to player: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Childs Doctors Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Hospital Preference: \_\_\_\_\_  
 Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Please list any physical or medical problems (to include allergies, medications, asthma) that the league should be made aware of: \_\_\_\_\_  
 \_\_\_\_\_  
 Comments: \_\_\_\_\_

***If the child cheered for the CFA last year please list the squad they cheered for:***

Squad \_\_\_\_\_

***Agreement and Consent: Please Read and Sign.***

I do hereby grant permission for the named youth registered to participate in any and all activities of the Culpeper Football Association, INC. I assume all risk incidentals to such participation, including transportation to and from all activities. I hereby waive, release, absolve, indemnify a and agree to hold harmless CFA, its league officials, respective coaches, other players, parents/guardians, sponsors, participants, volunteers and any other persons transporting my child. I grant permission for emergency first aid to be given to the minor in case of injury. I grant permission for this minor to be taken to the emergency room of a nearby hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of this minor. I understand that my child's individual picture and/or team picture could be posted on the league's website and publications of the CFA. Both the player & parents/guardians agree to abide by the rules of play adopted by CFA & the Code of Conduct in the CFA Bylaws. I understand that CFA's refund policy is if a participant quits anytime between registration and prior to the draft, 100% of their registration fee will be refunded, after draft and before the first game 50% of their registration fee will be refunded. All Equipment must be returned before refund is given, All equipment/uniforms, except bloomers (where applicable), must be turned into the head coach within 7 days from the date a participant quits.

***I will be responsible for any equipment or uniforms the player receives during the season and agree to return all designated equipment at the end of the season or I will be charged for the cost of the equipment and/or uniform plus a reasonable late charge. Initial here \_\_\_\_\_***

Parent/Guardian (signature) \_\_\_\_\_ (Print) \_\_\_\_\_ Date \_\_\_\_\_

***CULPEPER FOOTBALL ASSOCIATION, INC. FOOTBALL PLAYER REGISTRATION FORM***

Warning: Protective equipment cannot prevent all injuries a player might receive while participating in the Culpeper Football Association. Culpeper Football Association does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

***CFA USE ONLY - Cheerleading Uniform/Equipment Information:***

<b>Vest:</b>	X-SM Y	SM Y	M Y	L Y	XL Y	X-SM A	SM A	M A	L A	XL A	XXL A
<b>Skirt:</b>	X-SM Y	SM Y	M Y	L Y	XL Y	X-SM A	SM A	M A	L A	XL A	XXL A
<b>Bloomers:</b>	X-SM Y	SM Y	M Y	L Y	XL Y	X-SM A	SM A	M A	L A	XL A	XXL A
<b>Spirit Suit:</b>	X-SM Y	SM Y	M Y	L Y	XL Y	X-SM A	SM A	M A	L A	XL A	XXL A

**New Participant:** \_\_\_\_\_ **Returning Participant:** \_\_\_\_\_ **Payment Date:** \_\_\_\_\_  
**Payment Amt:** \_\_\_\_\_ **Payment Method:** \_\_\_\_\_ **CFA Board Member** \_\_\_\_\_