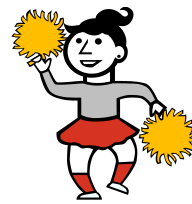


Notre Dame Regional School Cheerleading Registration Form Grades 1-8



Please return completed form and registration fee by no later than: October 25th

1st Student's Name: _____ Male or Female ___ Grade ___ Birth Date ___ Current Age ___

2nd Student's Name: _____ Male or Female ___ Grade ___ Birth Date ___ Current Age ___

Parent Email address: _____

Emergency Contact: _____ Phone: _____

Family Doctor: _____ Phone: _____

<p>1st Student Pre-existing Medical Conditions</p> <p>___ Asthma ___ Diabetes</p> <p>___ Seizures ___ Heart Murmur</p> <p>___ Allergies and/or Other/Additional info:</p>	<p>2nd Student Pre-existing Medical Conditions</p> <p>___ Asthma ___ Diabetes</p> <p>___ Seizures ___ Heart Murmur</p> <p>___ Allergies and/or Other/Additional info:</p>
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PARENTS:

I certify that my child/ren listed above is/are physically able to participate in Notre Dame's Sports program. I release Notre Dame School, its Parish family and its representatives from any claim for personal illness or injury that my child/ren may sustain during participation in sports activities. As a parent/guardian, I authorize the treatment of my child/ren by qualified medical personnel in an emergency situation.

Attached is the medical/physical forms required; if one was not submitted already for this year. If you opt not to have a physical, then the attached Medical Release form is needed which needs to be Notarized as well.

Please call the office if you need a second copy.

Also, I understand that my child's/ren's participation in the NDRS sports program is predicted upon my attendance at a required parent's meeting to review rules of conduct for parents.

Parent Name: _____ Date: _____

(Please Print)

Parent/Guardian Signature: _____

Registration Fee

There will be a \$60.00 registration fee per participant. The money will help defray the cost that Notre Dame is obligated to pay (entrance fees, referees, uniforms, equipment, etc.)