

**MOUNT OLIVE JR. CHEERLEADING ASSOCIATION
2012 REGISTRATION INFORMATION FORM**

Cheerleader Name: _____
Street/Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: () _____ Cell Phone : () _____
E Mail: _____
Date of Birth: _____ Grade in Sept. 2012: _____
Mother's Name: _____ Father's Name: _____

I/We the parents/guardians of the above cheerleader named, as a candidate for a position on the Mount Olive Jr. Cheerleading Association squad, hereby give my/our permission for their participation in any and all Association activities during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from activities. I/We hereby waive, release, absolve, indemnify, and agree to hold harmless the Mt. Olive Jr. Cheer Association, its organizers, sponsors, supervisors, participants, and persons transporting my/our child to or from activities, for any claim arising out of injury to my/our child. Except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request all equipment, including game uniforms issued to my/our child by the Mt. Olive Jr. Cheer Association, in as good a condition as when received.

Parent/Guardian Signature: _____ Date: _____

Registration: 1 child \$75.00 2 children \$140.00
Mail checks made payable to **MOJCA to P.O. Box 497, Flanders, NJ 07836**
** \$30 fee on all returned checks

Ok for my child's name or picture being listed in any newspaper/wedsite article
(circle) Yes NO

If you would like to sell candy to decrease your end of year costs please indicate how many boxes you want

If you would like to volunteer please indicate your interests below:
Advisor _____ Team parent _____ Parent Meeting/Equiptment _____
Fundraising _____ Board Position _____

Official Use Check Number _____ Amt Paid. _____ Notes _____

Childs name _____ Grade _____

Medical Release:

Your child may not be treated, even in the event of an emergency situation, except when, in the opinion of the attending physician, a life is in the balance. Written consent of a parent and/or guardian is required, for all treatment given, in any hospital's emergency room, for unmarried minors, except in the case of extreme emergency. Grandparents, neighbors, or siblings cannot authorize emergency treatment. This release will be in possession of your child's team head advisor at all times. Parents must have inhalers with their child at all times.

To Whom It May Concern:

I hereby give permission for my child to participate in the Mt. Olive Jr. Cheerleading Association youth program. In the event of an injury, my insurance will provide the primary coverage. Anything not paid by my insurance will be considered by the Mt. Olive Township Sports Accident Policy, which has a \$500 deductible.

As the parent and/or guardian of the minor listed on this form, I do hereby voluntarily consent to rendering of treatment, by a qualified and licensed medical doctor, authorized members of the hospital staff or their designee, in the event of a medical emergency, which in the opinion of the attending physician, may endanger their life, cause disfigurement, physical impairment, or undue discomfort if delayed. This includes diagnostic procedures, medical/surgical/dental treatment and/or blood transfusions. This authority is granted, only after a reasonable effort has been made to contact myself, for the period of June 10th through November 20th, of the current calendar year.

I hereby acknowledge that no guarantees have been made to me, as to the affect of such examinations and/ or treatments. I have read this form and certify that I will be responsible for all reasonable charges, in connection with the care and treatment rendered during this period.

Please specify any medical allergies, inhalers, chronic illnesses, or medicine taken regularly, or other conditions, also preexisting ones: _____

Parent/Guardian Print name _____ Tel # _____

Signature: _____ Date: _____

Physician/Pediatrician Name: _____ Phone () _____

Additional Contacts in Case of Emergency:

Name: _____ Phone: () _____

Cell: () _____