

2012 FYBA Cheerleading

www.fybaonline.com

2012 Spring Cheer Registration Form

Make Checks Payable to FYBA
(Filipino-American Youth Basketball Association)
Six Sessions (Sundays) beginning on April 1, 2012

Cheerleader Information – print legibly

Last Name		First Name	
Nick Name		DOB	
Street Address			
City		Zip Code	
Current Grade		Current School	
Sibling in program?		Sibling Name?	
Returning FYBA cheerleader?		Previous cheer coach(es)	

Parent/Guardian Emergency Contact Information (please be complete as possible)

Parent / Guardian 1 Full Name	Parent / Guardian 2 Full Name
Relationship to Participant	Relationship to Participant
Work Phone	Work Phone
Cell Phone	Cell Phone
Email Address	Email Address

ADDITIONAL EMERGENCY CONTACT INFORMATION (must be provided in case of inability to reach parent/guardian).

Name: _____ Cell phone: _____

Donation Preference

Help us make a better program for your cheerleader! Please indicate if you can donate time to help with uniform distribution, assisting the coaches, team mom, or one of the many other positions needed to run a successful cheer program. If you prefer a financial donation, that's accepted as well!

Volunteer (please list times available and what you would like to help out with!)	
Financial (please list donation amount)	

ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT (To be completed and signed by parent/guardian)

IMPORTANT NOTE: If the child is under medical care or is on prescribed medication, a note from his/her physician is required.

I give permission for _____ (name of child/ward) to participate in cheerleading. I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk vary significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means.

Additionally, I am giving **Filipino-American Youth Basketball Association (FYBA)** permission to reproduce, copy, and publish photographs and video taken at FYBA events for promotion use on the FYBA Web site or any FYBA printed collateral, unless I provide written notification to FYBA stating otherwise.

He/she has:

- Insured by our family policy with:

Insurance Carrier	
Name of Policy Holder	
Policy Number	

I am aware that participating in sports may involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Physician / Family Doctor			
Doctor's Phone			
Medical History (Allergies, Medications, Special Conditions, etc.)			
Is student presently taking medication? If yes, what type?			
Does student wear contact lenses?		Date of last Tetanus shot	

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

EMERGENCY CONTACT INFORMATION:

Day phone number _____ Evening phone number _____

Signature of parent or guardian: _____

Date: _____

Relationship to participant: _____

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

I certify all the above information is correct: _____

FYBA Use	Check No.	Amount Paid	Date Received
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