

Punxsutawney Area Community Center

2010 Rec Squad Cheerleading

Child's Name: _____ Male Female Phone #: _____ Cell # _____

Address: _____ City: _____ Zip: _____

Birth Date: _____ Age: _____ Grade: _____ Mother: _____ Father: _____

Email Address: _____

(Check One Please)

Pom-Pom (3-6 yoa)

\$2.00 per day or \$8.00 per month

Cheerleader (7-10 yoa)

\$3.00 per day or \$12.00 per month

Emergency contact person (other than parents)

Name: _____ Phone #: _____ Cell # _____

Relationship to child: _____

I am the parent/guardian of the above child (player). I hereby grant permission for him/her to participate in the **Cheerleading Program** sponsored by the Punxsutawney Area Community Center.

I hereby grant my permission for my child to be treated by an athletic trainer and/or medical Doctor in case of injury or illness and I cannot be reached.

I hereby agree that the Punxsutawney Area Community Center (PACC) its members, coaches or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of PACC, and we agree to indemnify and hold harmless PACC, its members, coaches, officers, or designated of any kind from any claim whatsoever.

Signature of Parent/Guardian Date: _____

I hereby accept responsibility for all fundraising material given to my child by the Punxsutawney Area Community Center.

Signature of Parent/Guardian Date: _____

Any pictures taken of my child may be used by Punxsutawney Area Community Center for publicity purposes.

Signature of Parent/Guardian Date: _____

Office use only:

Amount Paid: _____ Check #: _____ Cash: _____ Initials: _____ Date Paid: _____