

2021

**ATCHAFALAYA FOOTBALL CONFERENCE
CHEERLEADER
RETURN TO M.C.R.D. 915 EVERETT M.C.**



CHEERLEADER APPLICATION REQUIREMENTS:

- **PROOF OF AGE** – Copy of birth certificate. Will make a copy if needed.
- **\$45 ENTRY FEE** – Second child \$35, with no family to pay more than \$110. (cash or check)
- Entry fee is non-refundable.
- **AGE REQUIREMENTS** – Any youth who will be seven (7) years old by September 1st of the current year and who will not be thirteen (13) years old by September 1st of this year shall be eligible.

NAME: _____
(LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS: _____

PHONE NUMBER: _____ **CURRENT AGE:** _____

BIRTHDATE: _____ **GRADE:** _____

SCHOOL ATTENDING: _____

FATHER'S NAME: _____ **MOTHER'S NAME:** _____

We the parents of the above applicant, a candidate for a position on a cheerleader squad, hereby give my – our approval to his/her participation in any and all cheerleading activities during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from that activity; and I/We do hereby waive, release, absolve, and agree to hold harmless the Atchafalaya Football Conference, the Recreation Department, the Schools, the organizers, the sponsors, supervisors, participants, and the persons transporting my/our child, except to the extent and in the amount covered by the insurance. I/We do understand the League's insurance is a secondary insurance coverage and has very limited coverage.

I/We agree to return upon request, the uniforms and other equipment issued to my/our child in as good condition as when received, except for normal wear and tear.

FATHER'S SIGNATURE **and/or** _____
MOTHER'S SIGNATURE

CHEER TOP SIZE (Circle One)

XXSm(3T) XSm(4-5) YS (6-8) YM (10-12) YL (14-16)
AS AM ALg AXLg A2XLg

****Optional**matching skirts are sold separately for \$20 each. We collect the sizes and payment at the time of registration****

(*CASH OR CHECK - DO NOT COMBINE CHECKS WITH REGISTRATION FEE*)

XXSm(3T) XSm(4-5) YS (6-8) YM (10-12) YL (14-16) / AdultS AdMed AdLg AdXL Ad2XL

OFFICE USE:

PAID: DATE _____ **CHK #** _____ **CASH** _____