Parchment Cheer Football Registration —2018 Cheerleaders must attend Parchment Schools

Practice tbd	Payment amount	scash	check number
Name:Address:		Preferred Phone Number: Grade for 2018/10:	
Participant's preferred name:School:			
Parent/Guardian (father):		Parent/Guardian (mother):	
Cell phone:E-mail:			
Registration due by July 20, 2018 Make Mail completed form and fee to: Parchment Rocket Football PO Box 672 Parchment, MI 49004		Registration questions: Dodi Leckie (269) 743-8073 PARCHMENTFOOTBALL.ORG parchmentrocket@yahoo.com	
Each participant must have the each athlete must have a sign			
_	After July 20th for PAID by July 20th will	ee is \$95 pay the late fee!!!!! No	** NO REGISTRATIONS WILL BE ACCEPTED after AUG 20th ** Exceptions
List any medical concerns:			
Check if interested in assisting the cheerle	eading coach	_	
I do hereby give my consent for the Program. I understand the possibility that seri incidental to participation in the Rocket Footbleague, Parchment Rocket Football Cheerlead all legal responsibility for the injury or death of Furthermore, I agree to conduct mys Cheerleading during home and away events w from Parchment Rocket Football Cheerleading Parent Signature	ous injury may result from pa all Cheerleading Program. I f ing directors, teams, coaches, of my child. self as a parent, with the highe ith dignity and respect. If for	rticipation. I assume all risks a further agree to release, absolve assistant coaches, sponsors, orgest level of sportsmanship and to	nd hazards that are , indemnify and hold harmless the ganizers, supervisors and volunteers of o represent Parchment Rocket Football
initial here ~ I DO NOT grant Parchm	ent Rocket Football the right	to take photographs or videos o	f my child, to use and/or publish.
As a participant in Parchment Ro established policies of my cheer squad, T	he Michigan High School	Athletic Association, and the	Kalamazoo Valley Rocket Football

Date:

Player's Signature:_