

**RIDGLEA ROUGHNECK
CHEER ASSOCIATION**

Name _____

Date of Birth _____ Age _____

Address _____

City/State/Zip _____

School Attending _____

Father's Name _____ Mother's Name _____

Father's Home # _____ Mother's Home _____

Father's Employer _____ Mother's Employer _____

Father's Work # _____ Mother's Work # _____

Please list any health conditions (allergies, hearing loss, etc...) that might affect participation in team activities:

I/We the parents or legal guardian of the above named candidate for a position on the Ridglea Roughnecks Cheer Team, hereby give my/our approval for his/her participation in any and all cheer activities. I/WE UNDERSTAND THAT CHEERLEADIN IS A PHYSICAL SPORT AND FROM TIME TO TIME INJURIES DO OCCUR/ I/WE ASSUME ALL RESPONSIBILITIES, RISK AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES/ I/WE HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE RIDGLEA ROUGHNECK CHEER ASSOCIATION, THE TARRANT COUNTY YOUTH FOOTBALL ASSOCIATION, THE ORGANIZERS,, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING MY/OUR CHILD TO OR FROM ACTIVITIES, AND FROM ANY CLAIM ARISING OUT OF AN INJURY TO MY/OUR CHILD, WHETHER THE RESULT OF NEGLIGENCE OR ANY OTHER CAUSE.

In case of emergency, the parents will be called first. Please provide cell phone/pager # (if available)

Name _____ Cell/Pager# _____

Emergency Contact Name and Number: _____

In case of emergency, when I can not be reached, I hereby give CONSENT for treatment by DR. _____ phone number _____ or Dentist, DR. _____ phone number _____ or any other certified/qualified doctor or hospital medical staff deemed necessary by the coach or any Ridglea Roughneck Official.

Parent's Signature _____ Date _____

DO NOT WRITE BELOW LINE

Total Cost \$200- Amount Paid _____ Cash _____ Money Order # _____ Rec. By _____