



CONGRATULATIONS!



Your daughter has been selected to be a Solanco Midget Cheerleader for the 2018 season.

*****NEW MAIL IN REGISTRATION!*****

**ALL CHEERLEADERS MUST BE REGISTERED BY
MAY 1, 2018**

****MANDATORY** Registration Paperwork / Information:**

ALL DOCUMENTS BELOW MUST BE FILLED OUT AND MAILED IN WITH \$65 FEE BY MAY 1, 2018

ITEMS NEEDED:

Registration Forms - BELOW

Check or Money Order for **\$65.00** per cheerleader payable to SCA (*NON-REFUNDABLE*)

Copy of Birth Certificate (if your child did NOT cheer in 2017)

Mail all paperwork and above items to:

SOLANCO CHEER – PO BOX 343 QUARRYVILLE PA 17566

****MANDATORY** Warm Up & Uniform Fitting:**

SWIFT GYMNASIUM

MONDAY JUNE 4th

5:00-7:00PM

Warm Up / Uniform Package:

Non-Refundable Fees payable to SCA when ordering – CASH OR CHECK ONLY

\$125 if your child DOES NOT HAVE WARM UPS

\$70 with BOARD APPROVED use of warm ups (must be brought on June 4th)

UNIFORM PACKAGE INCLUDES: Warm Ups Sneakers Bows Undergarments

PHYSICALS:

**We will be scheduling FREE physicals with Walter Aument Center June 20th
(Parents must be present for physical appointments.)**

***FILL OUT ATTACHED FORMS & MAIL TO ABOVE
ADDRESS BY MAY 1st***

Questions? Please email cheerleading@solancomules.com

Solanco Cheerleading Association

P O BOX 343

Quarryville PA 17566

cheerleading@solancomules.com

www.solancomules.com



2018 REGISTRATION FORM

PLEASE PRINT:

Child's Name: _____ DOB: _____ Age: _____

Address: _____

Parent(s)/Guardian Name: _____

Cell Phone: _____ Name _____ Texting: Yes or No _____

Cell Phone: _____ Name _____ Texting: Yes or No _____

Email Address: _____

Please list other siblings in the league and team: _____

Has your child cheered in the past? Where: _____

HEALTH INSURANCE INFORMATION:

Company: _____

Policy #: _____

Phone #: _____

Preferred Local Hospital: _____

MEDICAL INFORMATION:

Does your child have allergies? _____ Allergies: _____

Does your child take any medications? _____ List Medications: _____

Does our child have asthma? _____ Does your child use an inhaler? _____

Does your child have a medical condition we should be aware of? _____

Has your child had a major or serious injury? _____

EMERGENCY CONTACTS:

Primary Name:

Last First MI

Relationship: _____

Home Phone: _____ Cell: _____ Texting: Yes or No

Secondary Name:

Last First MI

Relationship: _____

Home Phone: _____ Cell: _____ Texting: Yes or No

AUTHORIZATION:

I/We the undersigned parents/legal guardians of _____ do hereby grant permission for the above named child/legal ward, hereinafter referred to as a "participant", to participate in the SOLANCO CHEERLEADING ASSOCIATION PROGRAM. Participation includes, tryouts, any games, practices, scrimmages, events or competitions. In order that the participant may receive the necessary medical treatment, in the event of illness or injury, I/We hereby hold the SOLANCO CHEERLEADING ASSOCIATION, its directors, coaches, representatives, or volunteers, harmless in the exercise of this authority, and permit any / all coaches or volunteers to obtain medical treatment for the participant in the event of emergency or urgent care situation. I/We admit that I know full well the potential for injury which can occur in cheerleading. I understand that my child's participation is entirely by my own choice with the understanding of risk or accidental injuries involving the sport, unusual motion or height. I/We accept full responsibility of any/all medical bills incurred during the emergency or urgent medical treatment sought on behalf of the participant. I/we understand that participant's health insurance will be used as the PRIMARY coverage and the association's policy will be used as SECONDARY.

I'm aware that there are rules and regulations on the field, practice area, and gym. I acknowledge that I'm the parent or legal guardian of the participant and will sign acknowledging the injury risk the child is assuming.

Checks are made payable to SOLANCO CHEERLEADING ASSOCIATION (SCA) in the amount of \$65.00. Returned checks will have a "non-sufficient fund fee" in the amount of \$25.00!

PARENT/LEGAL GUARDIAN _____ Date _____

Cash: _____ Check # _____ Receipt # _____

******All fees are 100% NON REFUNDABLE!******

Solanco Cheerleading Association

P O BOX 343

Quarryville PA 17566

cheerleading@solancomules.com

www.solancomules.com



HEALTH / MEDICAL RELEASE FORM

PLEASE PRINT:

Child's Name: _____ DOB: _____ Age: _____

Parent(s)/Guardian Name: _____

Address: _____

Cell Phone: _____ Texting: Yes or No _____

EMERGENCY CONTACT OTHER THAN PARENT:

Name: _____

Address: _____

Cell Phone: _____ Texting: Yes or No _____

MEDICAL INFORMATION:

Physician's Name: _____ Phone: _____

Existing medical conditions coach should be aware of: _____

Allergies: _____

Medicine that needs to be taken: _____ Number of Times: _____

Preferred Hospital: _____

To the best of my knowledge, the above information is correct and I hereby give my permission for Solanco Cheerleading Association coaching staff to administer medicine that my child will require during the cheerleading season.

PARENT/LEGAL GUARDIAN _____ Date _____

SOLANCO CHEERLEADING ASSOCIATION

PHOTOGRAPH

Parental/Guardian Consent Form

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published on the Solanco Cheerleading Association's web site, used in marketing materials, such as brochures, newsletters, programs, etc.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however the law requires that we ask for your permission to use information about your child.

If you, as the parent or guardian, wish to revoke this agreement, you may do so at any time in writing by sending a letter to Solanco Cheerleading Association, P O BOX 343 Quarryville PA 17566.

Check **one** of the following choices:

- I/We GRANT permission for this student's photo/image and all other personal identifiers listed above to be published Solanco Cheerleading Association website or materials.
- I/We **DO NOT GRANT** permission for photo/image that includes this student to be published on the Solanco Cheerleading Association website or materials.

Participant Name: _____

Parent or legal Guardian _____

Date _____



www.solancomules.com

SOLANCO CHEERLEADING ASSOCIATION

CONSENT TO PARTICIPATE WAIVER FORM **SCA COPY**

As parent or legal guardian of the below named participant, I have read the Solanco Cheerleading Association Handbook in its entirety. I'm aware that there are rules and regulations on the field, practice area, and gym. I acknowledge that I'm the parent or legal guardian of the participant and will sign acknowledging the injury risk the child is assuming.

I also, understand that we are responsible for the care and maintenance, as well as the return, of the uniforms to the Solanco Cheerleading Association at the end of the season. I understand that the registration fee does not cover the purchase price of the uniform; therefore, we will be responsible for the replacement cost **\$150.00** if the uniform is damaged or not returned.

***BY SIGNING THIS HANDBOOK
YOU HAVE ACCEPTED
SOLANCO CHEERLEADING ASSOCIATION
RULES & REGULATIONS.***

WE ARE AWARE ALL FEES ARE 100% NON-REFUNDABLE

Participant Name: _____

Parent or legal Guardian _____

Date _____



www.solancomules.com