2023 GRA Sideline Cheer

9 – 12th grade, Girls/Boys

Registration: $125 due by June 30,2023. ($125 includes $60 uniform deposit)
Uniform Deposit: $60 refundable (Uniform rental fee and agreement must be paid and signed by June 30,2023)

Cheer Team Communication: For Cheer Team Updates please join Football Cheer on Remind 101 message service. Text the message @GRACheer23 to the number 81010.

Games: *Cheer Team will be Cheering at Varsity Home and Away games.*
Transportation: *Parents you will be responsible for your child's transportation to and from the games.*

Registration, Physical & Emergency Forms must be turned in before first practice.

(One form per participant- please print clearly)

NAME: _____ GRADE: _____ AGE: _____

ADDRESS: _____

CITY: _____ ZIP: _____ Phone: _____

The undersigned agrees to hold harmless, indemnify, and pay any attorney fees of the G.R.A. and the state of Michigan, its servants, agents and employees from any claims or demands that I may have of whatever kind and nature arising out of activities at or use of the premises controlled by the G.R.A. In the event of an emergency, I give my permission for my son/daughter to be placed under the care of a qualified doctor or nurse.

_____ _____
Parent/ Guardian Signature Date

Office Use: Paid Date: _____ Amount: _____ Cash/Check/Card

Athletic Medical Treatment Consent Form
& Emergency Information Sheet

I, _____, the parent or guardian of _____

recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care, I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances and to assume the expenses of such care.

Date_____ _____

Signature of Parent or Guardian

Emergency Information

(To be completed by parent/guardian)

_____ _____

Student's Name Grade

In Emergency, contact:

Name_____ Phone_____

Name_____ Phone_____

My family doctor is_____ Phone_____

Please list any special medical information (allergies, known drug reaction, current prescribed medication, current medical condition(s) if any etc.)_____

_____

_____

_____

_____

_____

Date_____ _____

Signature of Parent or Guardian