



ALL COUNTY CONFERENCE CHEERLEADING LEAGUE APPLICATION

Child's Name	Date of Birth		
Address		Phone Number	Text
City	ZIP	Other Phone N	Number
Email Address			
On August 1 st of the grade this Septemb	•	y child was/will be	years of age,
My child currently	resides in the		School District
		other cheerleading org	ganization other than es, Where
*****	******	******	******
parents of the above, of activities during the cu conduct of the activity absolve, indemnify, an appointed by them. I/V	do hereby give my/our arrent season. I/we do a v, the transportation to and hold harmless the A We hereby waive all claby them. I/We release	le supervised football gam approval to his/her partici assume the entire risks and and from the activity; and CCJFL, the organizers, sp aims against the organizer from responsibility any p	ipation in any and all d hazards incidental to the l I/we further release, ponsors and supervisors rs, sponsors, and any
		and uniforms used by my the replacement of same	
☐ I/We are in a original copy of the b		ipon request of conference	ce officials, an
knowledge. I certify t	low, I certify all inform hat I have read the abo	motion is two and someot	to the best of my
with the above policie	• •	ove information. Any ques	stions concerning tanding of and agreement

Revision E

Dated: March 2016

League Use Only
Amount Paid_____

Date____
Check#