

2019 Plum Midget Football & Cheer Association Registration Form

SINGLE CHEERLEADER

Please complete with cash, check or credit card made payable to Plum Midget Football Association (PMFA).
Separate check is needed for concession deposit and fundraising.

Cheerleader Information

Last Name _____ First Name _____ MI _____ Sex _____

Address _____ City _____ State _____ Zip _____

Home Phone# _____ School _____ Birth date _____ Age _____

Father's Name _____ Cell # _____ E-Mail _____

Mother's Name _____ Cell # _____ E-Mail _____

Emergency Contact _____ Phone # _____ Relationship _____
(Not Parent)

Cheerleader

Ponys-K & 1st grade by 8/1 _____

Colts- 2nd & 3rd grade by 8/1 _____

Stallions- 4th & 5th grade by 8/1 _____

Little Mustangs- 6th, 7th & 8th grade by 8/1 _____

Registration

CHEERLEADER- \$95.00

*Add \$40 late fee if registering after June 9, 2019

REGISTRATION Due _____

Fundraising Participation PER FAMILY – SELECT ONE

YES – I will participate in all fundraising activities. 1st fundraiser due: **\$175.** _____

(Initials) _____

*Fundraising fee will be added to next year's registration if no participation

OR

NO – I elect to waive fundraising for the 2019 season. Fee to waive: **\$250.** _____

(Initials) _____

*Waiver due at registration

FUNDRAISING Due _____

PLEASE READ ME!!

Concession Participation 2 SHIFTS PER Cheerleader– SELECT ONE

YES – I will participate in all TWO concession shifts.

I UNDERSTAND THAT IF I DO NOT SHOW UP FOR ONE SHIFT,

(Initials) _____

MY ENTIRE CHECK WILL BE CASHED.

***(Please provide 1 HOLD check, \$125.00, for concessions. This check will be returned to you once all of your shifts have been fulfilled.)**

OR

NO—I will not participate in TWO concession shifts.

\$125. _____

(Initials) _____

I will pay \$125.00 to opt out of concession duties.

Total Due _____

PLEASE FILL IN THE CORRECT SIZES- THESE SIZES WILL BE USED FOR BANQUET GIFTS

T-SHIRT SIZE _____ **SWEATSHIRT SIZE** _____ **SHORT SIZE** _____ **SWEATPANT SIZE** _____

Health Insurance/Medical Information

Insurance Co _____ Policy # _____

Drug Allergies _____ List Current Conditions & Medications _____

Hospital Preferred _____ Family Dr. and Ph _____

Permission is hereby granted to perform emergency medical treatment on my child for injuries which are sustained while playing football or cheerleading under the supervision of Plum Midget Football Association (PMFA). I understand that the association will make every effort possible to inform me of a medical emergency or serious injury as soon as possible. Whereas PMFA is a nonprofit organization created to promote athletic activities and to furnish amusement to the children of the community and whereas the parents, guardians, or custodians of the children are aware of these activities and desire to have their children participate in the same. Therefore, I do hereby agree to use my own personal insurance should it be necessary. In the event that I do not have my own personal insurance, my child will be covered under PMFA's current insurance policy.

(Initials) _____

Code of Ethics

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this code of ethics provided by Plum Midget Football Association.

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other events.
2. I will insist that all the organizations play in a safe and healthy environment.
3. I will support coaches and officials working with my child in order to encourage a positive and enjoyable experience for all.
4. I will demand a sports environment for organizations to be free of drugs and alcohol and will refrain from their use at all youth sports events.
5. I will remember that the game is for our youths and not for adults.
6. I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
7. Violating PMFA's Code of Ethics, or any other guideline that is part of the PMFA Handbook, or KBL's Zero Tolerance Policy will result in disciplinary action, up to and including removal from PMFA. Disciplinary action will be at the discretion of the Board of Plum Midget Football.

I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan.

I have received the Plum Midget Football Association handbook and agree to the above Code of Ethics.

Signature of Parent or Guardian and Date

Photo Usage Consent

I agree and authorize Plum Midget Football Association to publish any or all photos taken during practices and/or games on the Plum Midget Football Association's web site (www.plummidgetfootball.org) or Facebook page. I furthermore agree to permit Plum Midget Football Association to publish these pictures in the local newspapers.

Signature of Parent or Guardian

Date

Parental Support

We ask for active participation of all parents in our program. Please check area(s) in which you would be willing to help and specify parent's name. This is separate from working in the concession stand.

___ Assistant coach _____
___ Team Parent _____
___ Donations/Sponsorship _____
___ Field Preparation _____

___ Fundraising _____
___ Concessions Committee _____
___ Special Projects _____
___ Game Day _____

To Be Completed by PMFA Board Member or Authorized Personnel Only

Grand Total Due

Received By

Date Received

Amount Paid By CC

Amount Paid By
Check and #

Amount Paid Cash