

Mitchell County Recreation Cheerleading

Registration

July 27th – August 28th, 2020

Ages 7 - 12

(Age as of September 1, 2020)

\$25 Registration Fee

Cheer will be on Saturdays for the tackle football games.

Practices will depend on coaches' personal schedules.

Registration forms can be picked up from Mitchell County Recreation office (soccer complex) and will be available at all schools.

Registration forms & payment need to be returned to Mitchell County Recreation office located at 131 E. Bennett Street, Camilla, GA 31730 or form & payment can be mailed to:
MCRD, P. O. Box 813, Camilla, GA 31730

Check & Money Orders are accepted for registration fee. **NO CASH ACCEPTED!!**

Questions: Contact us at 229-336-2350; Monday thru Friday, 9:00 am – 4:00 pm, there is also a drop box that is available at anytime.

**MITCHELL COUNTY RECREATION DEPARTMENT
REGISTRATION FORM**

ACTIVITY: Cheerleading

DATE: _____

Child Name: _____

ANY SIBLINGS IN SAME AGE GROUP? _____ NAME _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Date of Birth: _____ Age (on September 1, 2020): _____

Sex: Male Female SCHOOL: _____

Mother's Name: _____ Home Phone: _____

Cell: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____

Cell: _____ Work Phone: _____

Shirt Size: Youth Sizes: YS (6-8) YM (10-12) YL (14-16) Adult Sizes: AS AM AL AXL AXXL

Short Size: Youth Sizes: YS (6-8) YM (10-12) YL (14-16) Adult Sizes: AS AM AL AXL AXXL

Parent interested in coaching? Yes No

PLEASE READ AND SIGN:

PARTICIPATION/TRANSPORTATION CONSENT:

I hereby give permission for the child named above to participate in the activity listed on the registration form. I hereby acknowledge that there are obvious risks of injury involved in participation in all sports activities and, specifically, the sports activity for which I have registered my child as forth above. I the parent/guardian of said child, assume all risks and hazards incidental to such participation including transportation to and from all activities, and do hereby waive, release, absolve and indemnify and agree to hold harmless the Mitchell County Recreation Department, Mitchell County, Mitchell County Commissioners and its employees and agents, the sponsors, supervisors, participants and persons transporting the child to and from activities, for any claim arising out of injury to the child, I do hereby covenant that on my behalf and for the minor not to file a claim or bring suit with respect to any such injury or damage. I further understand that Mitchell County Recreation programs are recreational and that if my child, I, or my spouse should exhibit continued unsportsmanlike conduct, my child may be removed from the program at the discretion of the department. Permission is granted for my child to appear in still or motion pictures using my child's name for educational, promotional or other proper purposes.

CONSENT OF TREATMENT:

In the event of an injury, I hereby authorize MCRD personal and/or volunteers to administer first aid. Additionally, I authorize MCRD personal and/or volunteers to contact emergency medical treatment for my child. The physicians, medical personnel, agents, Mitchell County, Mitchell County Commissioners, or employees of the Mitchell County Recreation Department are hereby released from any claim with respect to such injury during the event of the program, including transportation to or from the event and/or to any program. I understand that if hospitalization or medical treatment of a more serious nature is required I will be contacted if at all possible, by telephone for permission. I have read and fully understand the provisions of the above releases and will be bound thereby. I understand that health or accident insurance which would cover my child's medical, hospital, or related expenses in the event of an injury in this activity is my responsibility. I understand participation or witnessing of participation includes possible exposure to an illness from infectious diseases including but not limited to MRSA, influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and even death does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other, and assume full responsibility for my participation or witnessing. **Additionally, my signature below verifies that upon completing this registration form I was given a CDC fact sheet to inform me of the nature and risk of concussion and head injury in youth sports.**

MISCELLANEOUS INFORMATION:

I also understand that any equipment that is provided to my child by the Mitchell County Recreation Department during participation of this activity is to be returned at the end of the regular playing season. If it is not returned, the Mitchell County Recreation Department is entitled to collect \$150 from me for the cost of the unreturned equipment.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____