



## Cheerleading Camp Registration 2019

Pictures or video may be taken of participant for use in program publicity! Please check, if you **do not** approve!

### Main Parent/Guardian Contact:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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Participants Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F

Parent/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

I want Parks, Recreation, and Cultural Resources to know about these medical conditions for the participant: \_\_\_\_\_

Participants Age: \_\_\_\_\_

**Rooke:** \_\_\_\_\_ 6-8 Years Old

### T-Shirt Size

**Junior Varsity:** \_\_\_\_\_ 9/10 Year Old

YXS YS YM

**Varsity:** \_\_\_\_\_ 11/12 Year Old

YL AS AM AL

### Non-Discrimination Policy:

The policy of the Town of Nashville is, and shall be, to oppose any discrimination based on actual or perceived age, mental or physical disability, sex, religion, race, color, sexual orientation, gender identity or expression, familial or marital status, veteran status or national origin in any aspect of modern life. A Participant alleging discrimination on the basis of play of the aforementioned areas may file a complaint with either the Director of Town of Nashville Parks, Recreation, and Cultural Resources Department or the Office of Equal Opportunity, US Department of Interior, Washington, D.C. 20240.

### Release, Indemnity, and Agreement Not to Sue:

I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risk. By signing the Program Registration form, I acknowledge all risk of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program. In return for the opportunity to participate in this program, I agree for myself and for me heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the Town, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or I am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal right that I may assert on behalf of the child participation in the

program. I also agree not to sue the Town, its employees, or its agents and agree to indemnify the Town for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, death to me or to my child resulting from participation in the program.

By signing below, I acknowledge that I have read, understood, and agree to the Town of Nashville policies listed on this form. Signature is required to complete the registration process.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/ Legal guardian if child is under 18:** \_\_\_\_\_

## Coaching Information

This program depends on volunteers and volunteer coaches. You may receive a call from us requesting assistance. If you, or someone you know, would like to go ahead and volunteer to help it make an enjoyable experience for everyone then please fill in the information below.

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Head Coach / Assistant Coach**                      **Age/Group/Level you are interested in:** \_\_\_\_\_

We will have a coaches meeting Monday, July 16. Time and location to be announced at a later date.

***\*All coaches are required to fill out a back ground check!\****