

Youth Cheerleading 2018

Spring Lake Recreation & Parks Department

245 Ruth Street, Spring Lake, NC 28390

(910) 436-0011

Eligibility: Ages 5-12 (age as of August 1, 2018)

Deadline: Monday, June 21, 2018 (Registration Form and Birth Certificate Required)

Registration Fee: \$20 for Town of Spring Lake Residents and \$40 for Non-Residents

Online registration available @ <https://springlake.recdesk.com>

Please note: A \$5 late fee applies after registration deadline. Additionally, not all Spring Lake addresses are considered to be inside the limits of the Town of Spring Lake - Addresses that may be listed with a Spring Lake address and zip code but are in these jurisdictions' (Harnett, Lee County, etc) and are not considered residents.

Child's Name: _____ Date of Birth: _____ Age as of August 1, 2018: _____

School Name: _____ Grade: _____ Race: _____ Gender: _____

Shirt Size: Youth Adult Small Medium Large X-Large

Address: _____ City: _____ Zip Code: _____

Parent Name: _____ Number: _____ Email: _____

Please indicate the division in which your child will play:

5-8 9-12

Please indicate if you are interested in being a volunteer coach:

Yes No

Please read and sign: I give my child permission to participate in the above named activity. I understand that Spring Lake Recreation requires insurance coverage on all participants. I am fully aware that this activity could cause injury to my child. In the event of an injury, I will not hold the Town of Spring Lake, their volunteers, employees, agents and/or representatives responsible or liable. I also give the Spring Lake Recreation Department permission to seek medical attention permission to seek medical attention to my child as deemed necessary by the Recreation Staff. I also sign my child up with the knowledge that school night activity is involved and that some out of town play could take place. I also understand that my registration fee is strictly administrative and does not entitle me to a uniform or trophy.

Parent Name: _____ Number: _____ Email: _____

Parent Name: _____ Number: _____ Email: _____

OFFICE USE ONLY

Resident Non-Resident

Receipt Number: _____ Date: _____ Cash or Check: _____ Amount: _____ Initial: _____