

KING PHILIP POP WARNER CHEER INFORMATION SHEET

Enter your child's name EXACTLY as it appears ON YOUR CHILD'S BIRTH CERTIFICATE

First Name: _____

Middle Initial: _____

Last Name: _____

Date of Birth: _____

Provide Cheerleader's Contact Information

Phone: _____

Address: _____

Town: _____

Provide Parents' Contact Information

Name: _____ Home Phone: _____ Mobile/Work Phone: _____

Email Address(es): _____

Provide Emergency Contact Information

Name: _____ Phone: _____

Doctor's Name: _____

Acknowledgments

I would like to fulfill my volunteer commitment by (circle AT LEAST one): **Coach/Asst. Coach** **Fundraising Committee**
Field Maintenance Committee **Gameday Parking Control** **Concession Stand** **Golf Tournament**

As parent/guardian of the child named above, I grant permission for my child to participate in cheerleading as a member of King Philip Pop Warner for the 2008 season. I agree to abide by all regulations of King Philip Pop Warner and its parent organizations. I accept responsibility for all equipment issued to my child by KPYF, and agree to pay full replacement value for any equipment lost or damaged through my or my child's negligence.

I authorize emergency medical treatment for my child, or have provided specific instructions (attached to this document) for my child's care in an emergency.

Signed: _____ Date: _____

KPPW USE ONLY

Initial Level: _____

Received By: _____

Payment Type: _____

Amount: _____