



# GUEYDAN YOUTH ATHLETIC ASSOCIATION

2024 CHEER REGISTRATION

\*A COPY OF THE CHILD'S BIRTH CERTIFICATE MUST BE PROVIDED WITH REGISTRAITON FORM.

PLAYER INFORMATION:

NAME: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/LEGAL GUARDIAN INFORMATION:

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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PLEASE PROVIDE YOUR CHILD'S UNIFORM JERSEY SHIRT AND PANTS SIZE FOR UNIFORM ORDERS.

SHIRT SIZE: YXS YS YM YL YXL AS AM AL AXL AXXL

SHORT SIZE: YXS YS YM YL YXL AS AM AL AXL AXXL

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PARENT/GUARDIAN SIGANTURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\$40-FIRST CHILD  
CHILD

\$25 EACH ADDITIONAL

PLEASE MAKE ALL CHECKS PAYABLE TO: GUEYDAN YOUTH ATHLETIC ASSOCIATION

PLEASE CHECK ONE IF YOU WOULD LIKE TO VOLUNTEER:

\_\_\_ HEAD COACH

\_\_\_ ASSISTANT COACH

\_\_\_ SPONSER

\_\_\_ OTHER

MEDICAL RELEASE, EQUIPMENT USE, PARENTAL AUTHORIZATION FOR PARTICIAPATION IN ALL GUEYDAN YOUTH ATHLETIC ASSOCIATION ACTIVITIES.

I, AS THE PARENT OR GUARDIAN OF (PLAYER'S NAME) \_\_\_\_\_

DO HEREBY GIVE MY APPROVAL FOR THEIR PARTICIPATION IN ANY AND ALL GUEYDAN YOUTH ATHLETIC ASSOCIATION RECREATION ACTIVITIES. I HEREBY GRANT MY PERMISSION TO MANAGING PERSONNEL OR OTHER LEAGUE REPRESENTATIVES TO AUTHORIZE AND OBTAIN CARE, AT MY EXPENSE, FROM ANY LICENSED PHYSICIAN, HOSPITAL OR MEDICAL CLINIC SHOULD THE PLAYER BECOME ILL OR INJURED WHILE PARTICIPATING IN LEAGUE ACTIVITIES AWAY FROM HOME, OR WHERE NEITHER PARENT NOR LEGAL GUARDIAN IS AVAILABLE TO GRANT AUTHORIZATION FOR EMERGENCY TREATMENT.

I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO MY CHILD'S PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES; AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE GUEYDAN YOUTH ATHLETIC ASSOCIATION RECREATION, ORGANIZERS, SPONSERS, SUPERVISORS, PARTICIAPANTS AND PERSONS TRANSPORTING THE PLAYERS TO AND FROM THE ACTIVITIES, FOR ANY CLAIMS ARISING OUT OF AN INJURY TO THE PLAYER.

I FURTHER AGREE TO FURNISH A CERTIFIED BIRTH CERTIFICATE FOR THE PLAYER, UPON REQUEST OF THE LEAGUE OFFICIALS, AND TO RETURN UPON REQUEST THE UNIFORM AND OTHER EQUIPMENT ISSUED TO THE PLAYER INM AS GOOD CONDITION AS WHEN RECEIVED, EXCEPT FOR NORMAL WEAR AND TEAR IN LEAGUE ACTIVITIES. I GIVE PERMISSION FOR THE PLAYER TO BE PHOTOGRAPHED DURING SPORTING/ASSOCIATION EVENTS FOR USE IN PAPER ARTICLES, SOCIAL MEDIA, ETC., AS THE OPPORTUNITY PRESENTS.

**I HAVE READ AND FULLY UNDERSTAND ALL THE DETAILS AND REQUIREMENTS OF THIS DOCUMENT.**

SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_

PRINT NAME OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_

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**BELOW FOR OFFICE USE ONLY**

- \_\_\_ FEES PAID AND RECEIVED
- \_\_\_ COPY OF BIRTH CERTIFICATE RECEIVED
- \_\_\_ ALL DOCUMENTS SIGNED

**LIST OF LOANED OUT EQUIPMENT:**

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