PAFA Cheer & Flags

www.pafacheerandflags.com

PLEASE PRINT ALL INFORMATION ❑ Past Participant ❑ New Participant

PNO:

FOR OFFICE USE ONLY

CA CK CG R NR FHS PHS SCH

Checked by_____ Date_____

Processed by_____ Date_____

Batch#_____

Fee $ _____

Participant's Last Name First Name

Address

City/State/Zip

Date of Birth School Grade (Fall 2011)

School attending in September 2011 Previous school attended if (7th, 8th)

Parent Contact Name Home Phone

Work Phone Cell Phone

Family Contact Email Address

UNIFORM DEPOSIT

Uniform Deposit $125
(To be brought to sizing day on a separate check.)

Squad Request (optional)

_____

Please write the name of one girl or school you would like to be on a squad with. Requests are not guaranteed.

Anyone registering prior to March 31 will receive a $10 discount. Anyone registering after May 19 and prior to June 1 will be assessed an additional $25 fee.

	Prog #	Resident	Non-Resident*	Non-Resident
3rd-4th	9023-9	$185	$210	$278
5th-6th	9024-9	$200	$225	$300
7th-8th	9025-9	$215	$240	$323
Flags (6th-8th)	9026-9	$215	$240	$323
*within Fremd/Palatine boundaries				

If you have a child in PAFA Football, what division is he/she in _____

How would you like to volunteer for PAFA Cheer and Flags this year? ❒ Team Mom ❒ Board Member ❒ Committee Helper ❒ Undecided (Thanks for offering to help out! Positions not guaranteed. You will be contacted by a board member in June.)

This section must be Completed if you use **VISA, MASTERCARD** or **DISCOVER**.

(Circle one) VISA MASTERCARD DISCOVER Cardholder (print) _____

Expiration date: _____ Card Number: _____ Security Code: _____

Amount of Charge: _____ Authorized Signature: _____

PLEASE NOTE: PAFA Cheer & Flags is organized and governed by a volunteer Board of Directors, which in turn is responsible to the Board of Park Commissioners. The PAFA Board of Directors raises funds to supplement registration fees to offset expenses associated with PAFA. Occassionally, expenses are incurred which are not previously approved by Park District staff or by the Board of Park Commissioners. Ocassionally, PAFA organizational positions are taken relative to Park District issues and/or Park Board candidates which may not represent the views of the Park Board and/or individual commissioners.

This section MUST BE completed for **ALL** PAFA Cheer & Flags participants.

By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress, and/or use of equipment which represents a certain risk. It is recommended that you check with your physician prior to participating in Palatine Park District activities. Palatine Park District does not provide insurance protection for participants in Park District activities. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program(s). I give my child permission to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Palatine Park District or its commissioners, employees, or volunteers for damages and/or injuries to the registrant, which may arise from participation in Palatine Park District programs. EMERGENCY TREATMENT: A minor may not be treated, even in an emergency, except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, under 18, except in cases of extreme emergencies. TO WHOM IT MAY CONCERN: As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence. Please list specific medical allergies, medicines, or other conditions on the reverse side of this form or on a separate piece of paper to be attached to this form.

Signed _____ Relationship to participant _____

Emergency Name _____ Emergency Phone _____

Please indicate if there is any medical information (asthma, diabetes, etc.) or food allergies that the staff should be aware of _____