

For Internal Use

- Reg. Form
- Medic. Form
- Reg. Fee
- Birth Cert.
- Uniform

**SCAA Refund Policy: X** \_\_\_\_\_

There will be no refunds for any reason other than the following:

1. A lack of sponsors /coaches
2. Child is medically unfit to cheer at the first scheduled game (documented by physician's statement)

**Returned Check Policy: X** \_\_\_\_\_

A \$35 fee will be charged for all returned checks.

## SWIFT CREEK ATHLETIC ASSOCIATION CHEERLEADING REGISTRATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE AS OF 12/31/14 \_\_\_\_\_

ELEM. SCHOOL AREA \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT'S

NAMES \_\_\_\_\_ MOTHER/GUARDIAN  
 \_\_\_\_\_ FATHER/GUARDIAN

EMAIL(S) \_\_\_\_\_

CONSENT: I/we, the parent(s) of \_\_\_\_\_

Hereby give my/our approval for their participation in any and all activities of the cheerleading program of the Swift Creek Athletic Association (SCAA). I/We assume all risks and hazards incidental to such participation, including coaching and transportation to and from activities, and I/we do hereby release, waive, absolve, indemnify and agree to hold harmless the SCAA, the Chesterfield Cheerleading Association/league, the organizers, volunteers, sponsors, participants and the person(s) transporting and coaching my/our youth, whether the result of negligence or for any other cause, except to the extent and in amount covered by accident or liability insurance. I/We also agree to furnish a copy of a certified birth certificate to the cheering director before the first practice.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### PHOTO/VIDEO RELEASE

As a participant of Swift Creek Athletic Association (SCAA), I hereby give permission for images of my child, captured by other parents or parties designated by SCAA during regular and special SCAA events through video, photo and digital camera, to be used solely for the purposes of SCAA promotional material and publications and waive any rights of compensation or ownership thereto.

I further release SCAA and any of its associates, affiliates, appointed advertising agencies and designated directors, officers, agents, employees and customers from any claims.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_