



2025 VANCLEAVE YOUTH FOOTBALL & CHEER LEAGUE-CHEER REGISTRATION



Participant Name: _____

Date of Birth: _____ Age as of 08/01/2025: _____

Address: _____

City/State/Zip: _____

Parent/Guardian: _____ Email: _____

Cell#: _____ Other#: _____

Sibling Participation: YES/NO **If YES, please answer the following questions:**

Name & Age: _____ Do siblings want to play/cheer on the same team? YES/NO

A copy of the participant's birth certificate is required for ALL REGISTRANTS before 08/14/2025

I, as parent/guardian of this child, hereby attest to the accuracy of all information contained on this form and to his/her physical fitness. He/she has my unconditional approval to participate in all Vancleave Youth Football & Cheer League activities during the current season. I assume all risks and hazards incidental to such participation including but not limited to, transportation to and from VYFCL activities and I do hereby release, absolve, discharge protect and agree to hold harmless the VYFCL, it's director, officers, managers, coaches, referees, participants, person transporting my child to and from VYFCL activities and any other individual involved in the operation and administration of the league from all losses, damages, liabilities and claims arising out of injury of my child. I will also abide by the Code of Conduct set forth by VYFCL.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact: _____ Phone#: _____

Would you be interested in any volunteer opportunities? YES/NO Type: _____

Any Medical Conditions: YES/NO **If YES, please explain:** _____

To Be Approved by VYFCL Board

I request my child **NOT** cheer on a team managed or coached by: _____

*****OFFICAL USE ONLY*****

Registration Fee: \$100.00 Cash: _____ Check#: _____

Assigned Cheer Coach: _____