

# MILLER PLACE PTO CHEERLEADING

## 2009 REGISTRATION

(Registration period ends 7/30/09)

**PLEASE:**

- Read and complete **all** information
- Use one form per child
- Print **clearly**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade 9/09: \_\_\_\_\_

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

PHONE#: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ Cheered Before? \_\_\_\_\_

**Please note:** If you are a returning PTO Cheerleader and can use your uniform from last year, your cost is \$75; all others, \$100 for the season. Our season will run from late September through December and will take place on Tuesday & Thursday evenings at NCRMS, times to be determined. Parent **must** commit to 2 evenings as a helper this season.

PARENT/GUARDIAN NAMES: \_\_\_\_\_ CELL#: \_\_\_\_\_

\_\_\_\_\_ CELL#: \_\_\_\_\_

Any special needs or considerations?: \_\_\_\_\_

Please **mail** registration form with your check payable to 'MILLER PLACE PTO' to:

MILLER PLACE PTO CHEERLEADING  
PO BOX 1046  
MILLER PLACE, NY 11764

\*You will be contacted upon receipt of your child's registration; please contact Fran Lafond at 209-0962 if you don't hear from us within 10 days of mailing.

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### **PERMISSION/RELEASE OF LIABILITY**

In consideration of the Miller Place PTO accepting my child's registration for this activity, on behalf of myself, my heirs, assigns, executors and personal representatives, I release, hold harmless and discharge forever: The Miller Place School District, MPPTO, its officers, directors, employees, agents, sponsors, promoters, and affiliates from any and all liability, claim, loss damage, cost of expenses and waive any right to sue for any action or omission to act of any such person or organization in connection with the sponsorship of organization.

As parent or guardian of the applicant, I give my permission for my child or ward to register and attend and further, in connection of the acceptance by such registration, I agree individually and on behalf of my child or ward to the terms of the Release of Liability. He/She has no previous sickness or injury that would prevent him/her from fully participating in the league during this experience. I give permission for diagnostic and therapeutic procedures to be administered as may be deemed necessary.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_