# Sanford Youth Football & Cheerleading Association

*P.O. Box 2895 • Sanford, Florida 32772-2895*

**2010 CHEERLEADER REGISTRATION FORM**

_____ **Returning Player: Yes No**

**Last Name MI First Name**

_____

**Street Address Apt. No. City Zip Code**

_____ _____ _____

**School Attending 2010 High School District Grade attending August 2010**

_____ _____ **Circle Team Last Season (2009): TM MM JPW PW JM M**

**Date of Birth Age as of August 1, 2010**

## PARENTS/LEGAL GUARDIANS

_____ _____

**First Name MI Last Name Emergency Contact**

_____ _____ _____ _____

**Phone (Home) Phone (Other) Phone (Home) Phone (Other)**

_____

**Email Address**

*2010 Registration Fee is $225.00. A non-refundable deposit of $75.00* ***MUST*** *accompany this registration form.*
Initial Team/Squad assignments will be given to returning Players/Cheerleaders who register prior to April 10, 2010. Remaining slots will be assigned to all first time registrants beginning April 11, 2010, based on date registration is received or postmarked. Additional siblings are $200.00 each. **No refunds for any reason will be given following the 1st day of practice.**

**Additional equipment/items will need to be supplied by parents/guardians for cheerleading participants (ex: cheerleading shoes) additionally, there may be team fees required to cover incidental expenses (ex: bows, ribbons, etc.) as well as other fees (ex: facilities use fees, post season play and competitive events) Details regarding these fees will be provided by the coaches as the season nears.**

**Pictures/Images of participants and spectators may be placed on the SYFA website or any printed material form SYFA. Individual participants will not be identified by name.**

**Participation in competitive athletics may result in severe injury, including paralysis, or death. Improvement in equipment, medical treatment, and physical conditioning, as well as rule changes have reduced these risks, but it is impossible totally eliminate such occurrences from athletics.**

**MAKE CHECK OR MONEY ORDER PAYABLE TO SYFA**

_____ _____

**Parent's Signature Date**

_____

**SYFA USE ONLY**

| Deposit | Date Received | Check # | Balance | Date Received | Balance | Notes |
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**syfapopwarner@cfl.rr.com**