

Arcadia Boosters Club Cheerleading Registration Form – 2011/2012

Fee: **\$160** for new Basketball cheerleaders. Includes: Uniform, Bloomers, 1 pr of socks, Shoes, Hair Bow, Pom Poms, and a Trophy – *All to keep* Each girl will also need black leggings and a black turtleneck, which are not provided.
\$75 for returning Football cheerleaders

Make checks payable to: Arcadia Boosters Club

If mailing in, be sure to include your completed form and the appropriate fee. Must arrive by October 17, 2011. Send to: Arcadia Cheerleading, 121 Ridge Hill Ct. Lexington, NC 27295

Child's Name: _____ Home Phone: _____ Birth date: _____

Address: _____ City: _____ Zip Code: _____

School Name: _____ Grade: _____

Parent's E-mail Address (required): ****This is our main form of communication. If you are unable to check messages regularly, please X here: ****

Parent/
Guardian Name: _____ Relationship: _____ Cell Phone: _____

Parent/
Guardian Name: _____ Relationship: _____ Cell Phone: _____

Emergency Contact (if parent can't be reached): _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Uniform Size (Circle one size for each. The shoes run about a half size small.)

Bloomer Size:

Size	Yth XS	Yth Sm	Yth Med	Yth Lg	Ad Sm	Ad Med	Ad Lg	Ad XL	Ad XXL
Waist	19"	22"	23"	24"	26"	29"	32"	36"	40"

Sock Size:

Size	Youth	Adult
Shoe Size	8Yth-3	4-12

Shoe Size:

Youth	8	9	10	11	11.5	12	12.5	13	13.5	1	1.5	2				
Adult	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9	9.5	10	10.5	11	12

Top Size:

Size	Yth XS	Yth Sm	Yth Med	Yth Lg	Ad XS	Ad Sm	Ad Med	Ad Lg	Ad XL	Ad XXL
Chest	24"	26"	29"	32"	31"	33"	35"	37"	39"	43"
Waist	22"	24"	27"	30"	28"	30"	32"	34"	36"	40"

Skirt Size:

Size	Yth XS	Yth Sm	Yth Med	Yth Lg	Ad XS	Ad Sm	Ad Med	Ad Lg	Ad XL	Ad XXL
Waist	20"	22"	24"	26"	24"	27"	30"	33"	36"	40"
Hips	28"	29"	32"	34"	35"	38"	41"	44"	49"	52"
Inseam	9"	10"	11"	12"	13"	13.5"	14"	15"	16"	17"

Medical Information for _____
Child's Name

Preferred Doctor Name: _____ Phone: _____

Preferred Dentist Name: _____ Phone: _____

Preferred Hospital: _____

Insurance Carrier: _____ Policy Number: _____

Medical History: Allergies, Medications, Special Conditions, etc.: _____

**Medical Authorization
Part 1 Grant of Consent**

In the event reasonable attempts to contact the parents or guardians have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by preferred Dr. (2) or preferred Dentists or in the event designated Dr. or Dentist is not available, by another licensed physician or dentist; and (3) the transfer of the child to preferred hospital or any hospital reasonably accessible.

NOTE: This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in necessity for such surgery are obtained BEFORE the surgery IS PERFORMED.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Part II Refusal of Consent (Do not complete if Part 1 has been completed)

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish that the Arcadia Boosters Club takes no action, or perform the following actions: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Volunteer Information

We will need at least 1 coach for each squad. Experience is not necessary. I will be available to help out in whatever capacity needed, whether it be with material or filling in if you're sick. It's not too big of a time commitment. We will practice twice a week for 1 hr and 15 mins a session for about a month before the season starts, then practice will be cut to one 1 hr 15 min session per week once the games begin. If you will be able to commit to being a coach or know a teenager who could help or needs volunteer hours, please give contact information below.

Name: _____

Phone #: _____

Comments: