

Sign-up for the 2017 Denville PAL Cheerleading Season!

**The Denville PAL Cheerleading program is open
to all girls entering Kindergarten thru 8th Grade**



**Early Bird
\$80 BEFORE**

**Registration:
March 31st**

**Regular \$95 Registration fee after April 1st
Online Registration can be completed
on the following site:**

www.leaguelineup.com/denvillepalcheer

OR

Mail to: 12 Cambridge Avenue Denville, NJ 07834

Practices will begin: July 24th, 2017

**Monday & Wednesday
6:30-8:00pm**

* K-First Grade will end at 7:30

Registration due by July 23 ~ after end date \$20 late fee


NO REGISTRATIONS will be accepted after JULY 31st

**Any Questions, issues or hardship concerns please contact
cheerleading@denvillepal.org**



Denville P.A.L Cheerleading Registration Form

Name: _____ Date of
Birth _____
Mailing
Address: _____

 Email Address: _____

Parents Phone: Home: _____ Cell: _____

School: _____ Grade in Sept: _____

Medical Insurance Company Name & Policy Number:

Alternate Contact in case of Emergency:

Name: _____

Relationship: _____

Phone # _____

Registration fee includes: 1 practice t-shirt and ¼ zip sweatshirt, bow, socks for games.

T-shirt Size *(please circle desired shirt size)*

Youth Small 6-8

Youth Medium 10-12

Youth Large 14-16

Adult Small

Adult Medium

Adult Large

Extra Practice T-shirt can be purchased for \$10 – please indicate quantity and size _____

Please let us know how you can help: *(please check the box that applies)*

Pep Rally Music at games Photography Video -end of season Uniforms

Parade First Aid Kits Banquet Adult Coach Team Parent

Please make sure all of the following forms are completed:

Registration Code of Conduct Medical Authorization Release /Waiver of Liability

CK # _____ Additional information: _____

Online registrations can be completed on the following site:

www.leaguelineup.com/denvillepalcheer

OR Checks should be made payable to: Denville PAL Cheerleading
12 Cambridge Avenue
Denville, NJ 07834

Any Questions please contact cheerleading@denvillepal.org

SQUAD _____

Medical Treatment Authorization Form

As a parent and/ or guardian of _____, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort is delayed. This authority is granted only after reasonable effort had been made to reach me.

Name of Parent/ Guardian _____

Address _____

City _____ State _____ Zip _____

Cell Phone #: () _____ - _____

Home Phone #: () _____ - _____

Family Physician: _____ Phone #: () _____ - _____

Dates during which release is granted: From _____ To _____

Indicate specific medical allergies, chronic illness, or other medical conditions that coaches and medical personnel should be aware of:

Other person to contact in case of emergency: _____

Relationship to child _____

Cell Phone #: () _____ - _____

Home Phone #: () _____ - _____

This release form is complete and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.