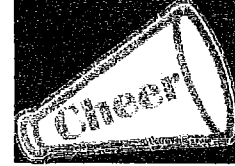




**SALLISAW YOUTH LEAGUE 2016 Cheerleading SIGNUP FORM**  
**Cheerleader FEE: \$45.00 PER CHILD**  
**IF MORE THAN ONE CHILD PER FAMILY IN FOOTBALL,**  
**ADDITIONAL CHILD – \$25.00 AMOUNT**



PAID: \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_

**DO NOT RETURN THIS FORM TO SCHOOL! Bring to the sign up night!**

**SIGNUPS WILL BE: Monday, August 22nd @ Sallisaw Middle School Cafeteria at 5:30 pm.**

This form must be completed in full, with a parent/legal guardian signature AND include payment to SYL and brought to sign up night. Please list the phone numbers where you can be contacted as this is very important for the coaches to be able to contact your child.

**CHILD'S INFORMATION: PLEASE PRINT**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Contact outside of the home: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent/guardian of the above named athlete, I give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent/Guardian: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Emergency Contact Numbers: \_\_\_\_\_

A cheer uniform, on loan from SYL, and bow will be provided. The cheer bow you will be able to keep, however all uniforms must be turned in after the last football game. I understand that if I fail to return my child's equipment that I will be responsible for replacement costs of uniforms (\$75.00). Girls will also need a white pair of tennis shoes.

Signature: \_\_\_\_\_

**Parents/Guardian's will be responsible for purchasing their cheerleader a pair ALL white tennis shoes.**