

Peachtree Corners Baptist Church
Recreation Ministry
770.582.7665
4480 Peachtree Corners Circle
Norcross, GA 30092



Peachtree Corners Baptist Church Fall Impact Competition Cheerleading 2010

Registration Open to the Public: July 6, 2010

For Girls Ages 6-12

The number of squads and the age range of the squads
will be determined by the coaches who volunteer to lead them.

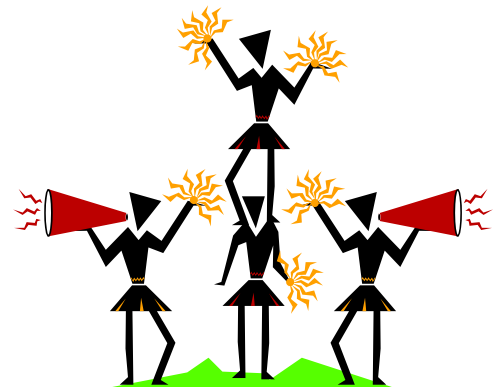
We will need coaches.

\$125.00 Registration fee includes uniform, pompoms, t-shirt, music
CD, practices and gift. Additional fees will be required for competitions.



League Schedule:

- Practices Begin August 9, 2010.
- Competition Schedule: TBD



PCBC Registration Form

Age Division: _____

Cost: \$125.00 (includes uniform, pompoms, t-shirt, music CD, practices and gift).

Registration fee must accompany application before the participant is officially registered. Cancellation up to 3 weeks prior to activity will have a \$25 non-refundable charge. No refund will be given 3 weeks prior to the first week of an activity.

Registration Date: _____
 Amount Paid: _____ Ck#: _____ CA: _____

Participant Information

Name: _____ M _____ F _____
 Address: _____
 City/State/Zip: _____
 Home Phone: _____ Years Played: _____
 School: _____
 Grade: _____ Age as of Sept. 1 (this year): _____
 Date of Birth (M/D/Y): _____ Height: _____

Parent Information

Mother: _____
 Employer: _____
 Work Phone: _____
 Cell Phone: _____

Father: _____
 Employer: _____
 Work Phone: _____
 Cell Phone: _____

 Email: _____

Fall Impact Competition Cheerleading 2010:
 Girls ages 6-12

Emergency Contact Name: _____ Phone: _____ Relationship: _____

PCBC Member: _____ Church Affiliation: _____

List any physical or medical problems including allergies:

 Taking any current medication? _____
 Other conditions that would help us in working with your child?

Does your child need to practice same night as sibling? _____
 Please list sibling's age: _____

Practice Night Exclusion

If applicable, check one night your child **cannot** practice:
 Monday Tuesday Thursday

Jersey/Shirt Size
 Check one YS YM YL AS AM AL AXL
 Short Size
 Check one YS YM YL AS AM AL AXL

Are You Interested in Coaching? Yes No

If yes, Name: _____ Daytime Phone: _____
 Years Coached: _____ Where? _____ Email: _____

Waiver of Release

The undersigned does for himself, his legal representatives, successors and assigns, covenant not to sue the Peachtree Corners Baptist Church (PCBC), its legal representatives, successors and assigns for any claims, demands, actions causes of action, debts, sums of money, suits, damages, responsibilities and liabilities of whatsoever kind arising out of any injury which may be sustained by the undersigned while participating in any recreational activities of whatsoever kind (hereinafter referred to as the "Activities") on the Facilities owned by the PCBC, located at its commonly known address of 4480 Peachtree Corners Circle, Norcross, Georgia 30092.

The undersigned does himself, his legal representatives, successors and assigns, agree to indemnify the PCBC, its legal representatives, successors and assigns, and hold the PCBC, its legal representatives, successors and assigns, harmless from any and all liabilities, claims, demands, suits, actions, causes of action, charges, damages, fees or any other legal proceeding brought or made against the PCBC and/or its legal representation, successors and assigns arising out of, or related in any way to, and acts, neglect or omissions, of PCBC, or its guest or others while the undersigned is participating in any activity which may be reasonably related to the Activities on said facilities.

The undersigned does himself, his legal representatives, successors and assigns, agree to pay any and all loss, damages (actual and exemplary), cost, expenses, invoices and bills, including attorneys' fees, incurred regardless of whether paid by PCBC, its legal representatives, successors and assigns as a result of such claims set forth herein above.

The undersigned fully and completely read and understood the above terms and conditions.

Parent/Guardian: _____ **Date:** _____